2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108413

City-St-Zip:

Entity Name: DILLICHIP ENTERPRISES

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 2186 2429 LARKWOOD RD. TITUSVILLE, FL 32781 TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** P.O. BOX 2186 TITUSVILLE, FL 32781 FEI Number: 20-3757698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARDLE, DAVID J 2429 LARKWOOD RD TITUSVILLE, FL 32780 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition EDMUNDSON, JAMES JR., Name: Name: Address: 2861 NOBILITY AVE Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: Title: MR () Change (X) Addition () Delete Name: Name: WARDLE, DAVID J Address: Address: P.O BOX 2186 City-St-Zip: City-St-Zip: TITUSVILLE, FL 32781 Title: () Delete Title: () Change (X) Addition WARDLE, DAVID J Name: Name: Address: Address: P.O BOX 2186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

TITUSVILLE, FL 32781

SIGNATURE: DAVID J WARDLE MR 01/17/2009