2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109504

Entity Name: DODD, LLC

FILED Jul 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

325 CLYDE MORRIS BLVD

41 SHADOW CREEK WAY
ORMOND BEACH, FL 32174 US

ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

325 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174 US
41 SHADOW CREEK WAY
ORMOND BEACH, FL 32174 US

FEI Number: 20-3780077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DODD, PAUL III

235 CLYPE MORPIS BLYD

325 CLÝDE MORRIS BLVD
ORMOND BEACH, FL 32174 US
41 SHÁDOW CREEK WAY
ORMOND BEACH, FL 32174 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: 07/13/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Name: DODD, PAUL III

Address: 325 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174 US

 Title:
 MGR
 () Delete

 Name:
 DODD, PAUL M JR

 Address:
 325 CLYDE MORRIS BLVD

City-St-Zip: ORMOND BEACH, FL 32174 US
Title: MGR () Delete

Name: DODD, JOHN H
Address: 325 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition

Name: DODD, PAUL III

Address: 41 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR (X) Change () Addition

Name: DODD, PAUL M JR
Address: 41 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR (X) Change () Addition

Name: DODD, JOHN H

Address: 41 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: PAUL M DODD III MGR 07/13/2006