2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place of Business Mailing Address SOPCHOPPY, FL 32358 SUito, Apt. #, etc. O5042007 ChgLLC CR2E083 (12/06) Institute Cry. & State City & State City & State A FE Number SOPCHOPPY, FL 32358 Institute State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired State Desired Stat	DOCUMENT # L05000121762 1. Entity Name DARK WATER CONSTRUCTION LLC 07 MAY - 4 PM 2: 42												
Suite, Apt. #, etc. Suite, Apt. #, etc. 05042007 Chg-LLC CR2E083 (12/06)	Principal Place of Business 8264 SMITH CREEK HWY SOPCHOPPY, FL 32358 Mailing Address PO BOX 25 SOPCHOPPY, FL 32358 D5/04/07/2010/31016 ***85.00												
City & State Country Country Country Country S. Certificate of Status Desired \$5.00 Animal Address of Current Registered Agent T. Name and Address of New Registered Agent STEINLE, LUKE STEINLE, LUKE STORY FL City FL City City FL City City FL City FL City City City FL City City FL City City FL City Cit	2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address	Address								
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STEINLE, LUKE 8264 SMITH CREEK HWY SOPCHOPPY, FL 32358 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and intending the obligations of registered agent. SIGNATURE Soprature, typed to prived name of ingitizend agent and tifle if applicable. POTE Registered agent, or both, in the State of Florida. I am familiar with, and intending the obligations of registered agent. SIGNATURE Soprature, typed to prived name of ingitizend agent and tifle if applicable. POTE Registered Agent dynamic inquired intending to the familiar with, and intending to the familiar with, and intending to the familiar with and intending to the familiar with, and		6. Name	and Address of Current	Registered Agent	•	Name		7. Name an	d Address of N	lew Registered	d Agent		
SOPCHOPPY, FL 32358 City FL Zp Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and in the obligations of registered agent. SIGNATURE Signature, has do printed name of registered agent agent and life if applicable. PHIIng Fee is \$50.00 Due by September 14, 2007 Philing Fee is \$50.00 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS TITLE MAME STRET ADDRESS CITY-ST-ZP Delete MAME SIRET ADDRESS CITY-ST-ZP TITLE Delete MAME SIRET ADDRESS CITY-ST-ZP TITLE Delete TITLE DELET D						20.0			· · · · · · · · · · · · · · · · · · ·				
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8. 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. I am familiar with, and in the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and the if applicable (NOTE: Registered Agent signature recursed when reinstating) (DATE						City				F	Zip Cod	e	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Proper	<u> </u>												