## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000000254 1. Entity Name THE DRAGONFLY CENTER LLC



**FILED** Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

37809 HOWARD AVENUE DADE CITY, FL 33524

P.O. BOX 183 SAN ANTONIO, FL 33576

DO NOT WRITE IN THIS SPACE

01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 74-3156877

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, ROCHELLE 32909 PENNSYLVANIA AVENUE SAN ANTONIO, FL 33576

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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 accept the obligations of registered agent.

SIGNATURE

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title # applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

UUNUUUS 1804S 05/13/08-80067-016 138.75

9. MANAGING MEMBERS/MANAGERS MGR TITLE HAME MORRIS, NORMAN STREET ADDRESS P.O. BOX 183 CITY-ST-ZZP SAN ANTONIO, FL 33576 **MGRM** TITLE MORRIS, ROCHELLE NAME STREET ADDRESS P.O. BOX 183 CITY-ST-7IP SAN ANTONIO, FL 33576 ME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE MALE STREET ADDRESS

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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.