## FILED Mar 19, 2007 8:00 am Secretary of State 3/1

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	ANNUAL REPORT	·

**DOCUMENT # L06000005888** 03-06-2007 90079 044 \*\*\*\*50.00 1. Entity Name
D BOONE, LLC Mailing Address Principal Place of Business P.O. BOX 822 P.O. BOX 822 30002779 CHATTAHOOCHEE, FL 32324 CHATTAHOOCHEE, FL 32324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 CR2E083 (12/06) City & State 4. FEI Number City & State Applied For 20-4126950 Not Applicable Zio Country \$5.00 Additional Zio Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, DONALD B Street Address (P.O. Box Number is Not Acceptable) 2481 HARDAWAY HIGHWAY CHATTAHOOCHEE, FL 32324 Zip Code City 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, typed in printed name of registered against and title if applicable (NOTE: Registered Agent eigneture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR ШÆ ☐ Change ☐ Addition ☐ Delete JACKSON, DONALD B HAME NAME STREET ADDRESS 2461 HARDAWAY HIGHWAY STREET ADORESS CITY-ST-ZIE CHATTAHOOCHEE, FL 32324 CITY\_ST. AP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST- ZP TETE F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MALUF NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ME ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 11. I hereby certify that the information supplied with this filling 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 receipt or trustee empowered to exceeds this report as required by Chapter 608, Florida Statutes. GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

SIGNATURE

## ATTACHMENT DOCUMENT/# L06000005888 1. Entity Name D BOONE, LLC Principal Place of Business Mailing Address P.O. BOX 822 P.O. BOX 822 CHATTAHOOCHEE, FL 32324 CHATTAHOOCHEE, FL 32324 300027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 02212007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 204126950 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACKSON, DONALD B Street Address (P.O. Box Number is Not Acceptable) 2461 HARDAWAY HIGHWAY CHATTAHOOCHEE, FL 32324 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MILE MGR ☐ Change ☐ Addition Delete TITLE JACKSON, DONALD B NAME NAME STREET ADDRESS 2461 HARDAWAY HIGHWAY STREET ADDRESS CHATTAHOOCHEE, FL 32324 CITY-ST-7P CITY-ST-7IP TITLE C Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Deiete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7P TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.