2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000005888

1. Entity Name
D BOONE, LLC



Principal Place of Business

P.O. BOX 822

CHATTAHOOCHEE, FL 32324

Mailing Address

P.O. BOX 822

CHATTAHOOCHEE, FL 32324

FILED Mar 10, 2008 08:00 AN Secretary of State



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·美国阿斯斯克斯斯特特别的 医阿斯斯特氏病 (1966年)

02282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4126950

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, DONALD B 2461 HARDAWAY HIGHWAY CHATTAHOOCHEE, FL 32324

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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

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| 9. | MANAGING MEMBERS/MANAGERS |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JACKSON, DONALD B 2461 HARDAWAY HIGHWAY CHATTAHOOCHEE, FL 32324 |
| NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST ₇ ZIP | |
| NAME STREET ADDRESS CITY-ST-ZIP | and the state information or applied with this filling does not qualify for the |

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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:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8.08

Daytime Phone #