2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020890

Entity Name: DAZARI INVESTMENTS, LLC

FILED May 01, 2007 Secretary of State

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

PO BOX 2814 1202 MIMOSA AVE IMMOKALEE, FL 34143 IMMOKALEE, FL 34142

Current Mailing Address: New Mailing Address:

PO BOX 2814

IMMOKALEE, FL 34143

FEI Number: 20-4380428 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:

GARDENER-HOWARD, SHARON
1202 MIMOSA AVE
HOWARD, SHARON
1202 MIMOSA AVE

IMMOKALEE, FL 34142 US IMMOKALEE, FL 34142 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: SHARON HOWARD 05/01/2007

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 GARDENER-HOWARD, SHARON
 Name:
 HOWARD, SHARON

 Address:
 1202 MIMOSA AVE
 1202 MIMOSA AVE
 1202 MIMOSA AVE

 City-St-Zip:
 IMMOKALEE, FL 34142
 City-St-Zip:
 IMMOKALEE, FL 34142

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HOWARD, REGINALD
 Name:

 Address:
 1202 MIMOSA AVE
 Address:

 City-St-Zip:
 IMMOKALEE, FL 34142
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 GARDENER, DAN
 Name:

 Address:
 621 S 5TH ST
 Address:

 City-St-Zip:
 IMMOKALEE, FL 34142
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON HOWARD MGR 05/01/2007