


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90106 046 ****55.00

DOCUMENT # L06000032245	
1. Entity Name DODDS, LLC.	

Principal Place of Business C/O DAVID B. DODDS P.O. BOX 31764 PALM BEACH GARDENS FL 33420-1764	Mailing Address C/O DAVID B. DODDS P.O. BOX 31764 PALM BEACH GARDENS FL 33420-1764
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2. Principal Place of Business - No P.O. Box # P.O. Box 31764	3. Mailing Address 16840 113th Trail N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State Palm Beach Gardens, FL	City & State Jupiter, FL
Zip 33420	Zip 33478
Country America	Country America

4. FEI Number 06-1774035	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DODDS, DAVID B 9158 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418	
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7. Name and Address of New Registered Agent Name David Dodds	
Street Address (P.O. Box Number is Not Acceptable) 16840 113th Trail N.	
City Jupiter	FL Zip Code 33478

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 David Dodds	DATE 4-16-07
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2007	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DODDS, DAVID B 9158 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: David Dodds	DATE 4-16-07	DAYTIME PHONE (561) 622-8166
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		