


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90354 044 \*\*\*\*50.00

<b>DOCUMENT # L06000036181</b>						
<b>1. Entity Name</b> DIRT LLC						
<b>Principal Place of Business</b> 34 FLOWERWOOD DR CHATTAHOOCHEE, FL 32324-1112 US			<b>Mailing Address</b> 34 FLOWERWOOD DR CHATTAHOOCHEE, FL 32324-1112 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	04102007    Chg-LLC    CR2E083 (12/06)		
<b>4. FEI Number</b> 20-4647341				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
MANOCHA, ASHOK DR 34 FLOWERWOOD DR CHATTAHOOCHEE, FL 32324-1112			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____						
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>				
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MANOCHA, ASHOK DR 34 FLOWERWOOD DR CHATTAHOOCHEE, FL 323241112		<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	MGRM JETTON, DEWEY J SR 102 N ADAMS ST QUINCY, FL 32351		<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	MGRM MCSOLEY, JIM DR 2412 OXFORD RD TALLAHASSEE, FL 32304		<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	MGRM SYKES, TERRELL 2412 OXFORD RD TALLAHASSEE, FL 32304		<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	
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	
<b>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.</b>						
<b>SIGNATURE:</b> _____ <i>Ashok Manocha</i> 4/13/07						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #						