FILED May 24, 2007 8:00 am Secretary of State 04-27-2007 90038 031 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000038622 1. Entity Name DANTZLER-BLACK TOP, LLC							04-27-2007	90038 031	130.00
Principal Place of Business 3S45 US HIGHWAY 17 NORTH WINTER HAVEN, FL 33883			Mailing Address 3545 US HIGHWAY 17 NORTH WINTER HAVEN, FL 33883				D OSKO OKIN OLIH DOLIH ESKI) BTIDA DIALIBINA ANTA ANTA DISENT	TTE I NI 1991
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182007	Chg-LLC	CR2E083 (12/06)	
City & State			City & State			4. FEI Numb	~ 20-5 ₀ 8	<i></i>	oplied For of Applicable
Zip	Country		Zφ	Country		5. Certificate	o of Status Desired	S5.00 Add Fee Require	
	6. Name	and Address of Current F	Registered Agent		Name	7. Name an	d Address of New R	egistered Agent	
BRINSON, 255 MAGN WINTER H	IOLIA AVI	EŅUE SW	Street Address		P.O. Box Numb	per is Not Acceptable)		
WINTER HAVEN, FL 33880									
				_	City			FL Zip Cod	
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, hyped or partied name of registered agent and life of applicable PNOTE: Registered Agent algorities required when reinstating) OATE									
Filing Fee is \$50.00 Due by May 1, 2007			,					a check payable to Department of State	•
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE NAME	MGR BLACK T	OP DEVELOPMENT, IN	Detete C.	Defete TITLE				☐ Change	Addition .
STREET ADDRESS CITY-ST-ZIP	1	HIGHWAY 17 NORTH HAVEN, FL 33883			ET ADDRESS -S1-ZIP				
TITLE	MGR			īnīL				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	5D HOMES, INC. 1601 SIXTH STREET SE				E TET ADORESS ST - ZIP				
TITLE					E .			☐ Change	Addition
NAME STREET ADDRESS				1	ET ADORESS				
TITLE		•	☐ Delete	CITY	-ST-ZIP			Change	Addition
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CITY-ST-ZIP					-\$1-ZIP				
TITLE HAME			Delete	TITL NAME	1			☐ Change	☐ Addition
STREET ADDRESS]				EET ADORESS '- ST - ZIP				
TIFLE	 	 	☐ Delete	TITL	E		. <u> </u>	☐ Change	Addition
NAME STREET ADDRESS				nam Stri	EET ADDRESS				
CITY-ST-ZD		17 d	this files does not mark.		-ST-ZIP	in Charles 110	Elorida Ctatutas 1 f.	uthor cortify that the '-f-	emotion
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 affect 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: Larry D. Tucker, Jr. 4/26/07									
SIGNATURE: Larry D. Tucker, Jr. 4/26/07									