



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

04-27-2007 90038 031 \*\*\*150.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L06000038622</b>			
1. Entity Name <b>DANTZLER-BLACK TOP, LLC</b>			
Principal Place of Business <b>3545 US HIGHWAY 17 NORTH WINTER HAVEN, FL 33883</b>		Mailing Address <b>3545 US HIGHWAY 17 NORTH WINTER HAVEN, FL 33883</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BRINSON, J. KEMP ESQ. 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLACK TOP DEVELOPMENT, INC. 3545 US HIGHWAY 17 NORTH WINTER HAVEN, FL 33883 <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	MGR 5D HOMES, INC. 1601 SIXTH STREET SE WINTER HAVEN, FL 33880 <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
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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:  <b>Larry D. Tucker, Jr.</b>		Date: <b>4/26/07</b>	