


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000049435</b> 1. Entity Name <b>DAVES BEACH AUTO REPAIR LLC</b>	
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Principal Place of Business <b>8200 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920 US</b>	Mailing Address <b>8200 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920 US</b>
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01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-4856858</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>FELLER, DAVID L 8200 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920</b>
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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 <b>DAVID L. FELLER</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>David L Feller</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>1/9/08</b> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>U00000781595</b> <b>01/15/08-80042-005 138.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FELLER, DAVID L 8200 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920</b>
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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.		
<b>SIGNATURE: <i>David L Feller</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>DAVID L. FELLER</b>	<b>1/9/08 321 783 0354</b> <small>Date Daytime Phone #</small>