
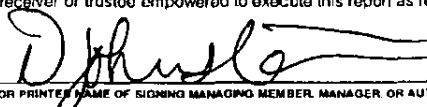


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

04-09-2007 90341 048 ****50.00

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| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # L06000050696 1. Entity Name DAGNY & DEXTER'S LLC | | | |  | |
| Principal Place of Business 11918 RAINTREE DRIVE PANAMA CITY FL 32404 US | | | Mailing Address 11918 RAINTREE DRIVE PANAMA CITY FL 32404 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 20-4899364 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | 1st MOORE CR2E083 (10/06) | | |
| 6. Name and Address of Current Registered Agent JOHNSTON, DAGNY 11918 RAINTREE DRIVE PANAMA CITY FL 32404 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____ | | | | | |
| 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 JOHNSTON, DAGNY 11918 RAINTREE DRIVE PANAMA CITY FL 32404 | | TITLE NAME STREET ADDRESS CITY ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY ST- ZIP | MGRM FERNANDEZ, CARLOS 11918 RAINTREE DRIVE PANAMA CITY FL 32404 | | 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 | |
| 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 | |
| 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. | | | | | |
| SIGNATURE:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |