


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90049 029 \*\*\*155.00

<b>DOCUMENT # L06000053054</b>	
1. Entity Name <b>MURPHY DUGAN, LLC</b>	

Principal Place of Business <b>533 N. NOVA ROAD, SUITE 201 ORMOND BEACH, FL 32174</b>	Mailing Address <b>533 N. NOVA ROAD, SUITE 201 ORMOND BEACH, FL 32174</b>
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2. Principal Place of Business - No P.O. Box # <b>575 N Nova Rd.</b>	3. Mailing Address <b>575 N. Nova Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Ormond Beach, FL</b>	City & State <b>Ormond Beach, FL</b>
Zip <b>32174</b>	Country
Zip <b>32174</b>	Country



01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4937177</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>WICKERSHAM, CHRISTOPHER W ESQ. 501 N. GRANDVIEW AVE. SUITE 115 DAYTONA BEACH, FL 32118</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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 HAMLIN, JOHN 533 N. NOVA ROAD, SUITE 201 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	575 N. Nova Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMLIN, DAWN 533 N. NOVA ROAD, SUITE 201 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	575 N. Nova Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ormond Beach, FL 32174
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
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 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:** *John Hamlin* **1/29/07** **888-600-8608**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #