

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059828

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: DYKES INVESTMENTS, LLC

**Current Principal Place of Business:**

440 E. ECHO STREET  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

440 E. ECHO STREET  
LAKE ALFRED, FL 33850

**New Mailing Address:**

FEI Number: 20-5045154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DYKES, CONNIE  
440 E. ECHO STREET  
LAKE ALFRED, FL 33850      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DYKES, D. DEREK  
Address: 440 E. ECHO STREET  
City-St-Zip: LAKE ALFRED, FL 33850

Title: MGRM      (X) Delete  
Name: DYKES, DAVID A  
Address: 440 E. ECHO STREET  
City-St-Zip: LAKE ALFRED, FL 33850

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: DYKES, CONNIE  
Address: 440 E. ECHO STREET  
City-St-Zip: LAKE ALFRED, FL 33850

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CONNIE DYKES

MGMR

07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date