


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILE

2007 JUN 19 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000066623 1. Entity Name DUNBERRY SOLUTIONS, LLC	
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Principal Place of Business 6445 DUNBERRY LANE NAPLES, FL 34119	Mailing Address 6445 DUNBERRY LANE NAPLES, FL 34119
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2. Principal Place of Business - No P.O. Box # 9210 ESTERO COMMONS PARK BLVD Suite, Apt. #, etc. SUITE 6	3. Mailing Address SAME Suite, Apt. #, etc.
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06112007 Chg-LLC CR2E083 (12/06)

City & State ESTERO, FL	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33928	Country USA	Zip	Country

6. Name and Address of Current Registered Agent LYONS, RICHARD D 25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135	7. Name and Address of New Registered Agent Name GURCHARN S. DANG Street Address (P.O. Box Number is Not Acceptable) 9210 ESTERO COMMONS PARK BLVD SUITE 6 City ESTERO
	FL Zip Code 33928

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: [Signature] DATE: 6-7-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete GURCHARN DANG 6445 DUNBERRY LANE NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 700104678047 06/22/07--01001--009 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Delete JAGJEET K. DANG 6445 DUNBERRY LANE NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: [Signature] DATE: 6-7-07 DAYTIME PHONE #: 239-449-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE