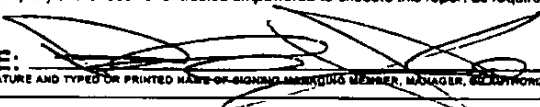


**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90134 034 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                 |                                                                              |                                                                                                 |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000074982</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                 |                                                                              |                |                                                                   |
| 1. Entity Name<br><b>D &amp; D RV MOBILE SERVICE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                 |                                                                              |                                                                                                 |                                                                   |
| Principal Place of Business<br><b>196 RIDGEWOOD DRIVE<br/>CRAWFORDVILLE, FL 32327 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                 | Mailing Address<br><b>196 RIDGEWOOD DRIVE<br/>CRAWFORDVILLE, FL 32327 US</b> |                                                                                                 |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                 | 3. Mailing Address                                                           |                                                                                                 |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                 | Suite, Apt. #, etc.                                                          |                                                                                                 |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                 | City & State                                                                 |                                                                                                 |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                        | Zip                             | Country                                                                      | 4. FEI Number<br><b>20-531515</b>                                                               |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                 |                                                                              | Applied For<br>Not Applicable                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                 |                                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |                                 |                                                                              | 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 reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                 |                                                                              |                                                                                                 |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                 |                                                                              | Make check payable to<br>Florida Department of State                                            |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                 | 10. ADDITIONS/CHANGES                                                        |                                                                                                 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>DESPIRITO, EMIL T JR<br>196 RIDGEWOOD DRIVE<br>CRAWFORDVILLE, FL 32327 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>DESPIRITO, DEBRA U<br>196 RIDGEWOOD DRIVE<br>CRAWFORDVILLE, FL 32327   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                 | 3-7-07                                                                       |                                                                                                 |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                 | Date Daytime Phone #                                                         |                                                                                                 |                                                                   |