## **2008 LIMITED LIABILITY COMPANY**

## Mar 14, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # L06000077168** DAKÔTA RESERVE, LLC Principal Place of Business Mailing Address 6704 LONE OAK BLVD. 6704 LONE OAK BLVD. NAPLES, FL 34109 NAPLES, FL 34109 02292008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5467499 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STERLING, JACK DO NOT WRITE 6704 LONE OAK BLVD. NAPLES, FL 34109 IN THIS SPACE 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, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000858990 04/02/08-80004-004 138.75 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME CLAUSSEN, ROBERT G STREET ADDRESS 6704 LONE OAK BLVD. CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 proceiver or trustee ergowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED**