


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # L06000118001 1. Entity Name N & D ENTERPRISES, LLC	
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Principal Place of Business 3609 AVALON COVE DR. E JACKSONVILLE, FL 32224 US	Mailing Address 3609 AVALON COVE DR. E JACKSONVILLE, FL 32224 US
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DO NOT WRITE IN THIS SPACE



04052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8021531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLACKBURN, DOUGLAS 3609 AVALON COVE DR. E JACKSONVILLE, FL 32224
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	04/22/08-80018-021 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKBURN, DOUGLAS 3609 AVALON COVE DR. E JACKSONVILLE, FL 32224
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Douglas W. Blackburn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	4/5/08 Date	904-821-0078 Daytime Phone #

Douglas W. Blackburn