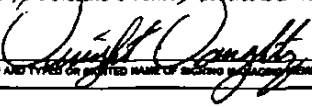


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-14-2007 90218 048 ****50.00

DOCUMENT # L06000118982					
1. Entity Name DWIGHT DAUGHTREY INVESTMENTS, LLC					
Principal Place of Business 6816 SW COUNTY ROAD 769 ARCADIA, FL 34269			Mailing Address 6816 SW COUNTY ROAD 769 ARCADIA, FL 34269		
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	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAUGHTREY, DWIGHT 6816 SW COUNTY ROAD 769 ARCADIA, FL 34269			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 transferring)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Principal (owner) Dwight Daughtrey 9300 SW Ft. Winder St. Arcadia, Fl 34269		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		
10. ADDITIONS / CHANGES			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ 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 at the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 3-23-07		
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 863-494-4108		