2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

DOCUMENT # L07000051695 1. Entity Name DAVIS & GOODFELLOW ENTERPRISES, LLC						03-19-200	8 90149 013 **	*138.75
Principal Place of Business 344 S WOODLAND BLVD DELAND, FL 32720 US		Mailing Address 344 S WOODLAND BLVD DELAND, FL 32720 US		1/1978/9/10	30003 minimin		RIR II II	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03172008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number	0177160	2 A	opplied For lot Applicable	
Zip	- Country	Zip	Country			of Status Desired	S5.00 Ac	
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New Re	gistered Agent	
		Name		Name			-	
GOODFELLOW, NANCY J 344 S WOODLAND BLVD DELAND, FL 32720		•	Street Address		(P.O. Box Number is Not Acceptable)			
DEC-110,	FE SEIZU							
	<u> </u>		City				FL Zip Co	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered (office or register	ed agent, or both	n, in the State of Flor	rida. I am famillar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE								
File NOWII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.79								
	/ 1, 2008 Fee will be \$538.7		•			Florida	check payable to Department of Sta	to
After May	1, 2008 Fee will be \$538.7	ERS/MANAGERS	10.	-			Department of Sta	
After May	MANAGING MEMBI		TITLE			Florida	Department of Sta	te Addition
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Instancy certify that the information supposed with this titred not the descriptions contained in Calaber 119, includes calling the titred mornation 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, Forlida Statutes.

SIGNATURE: MID TYPED OR PROHIED NAME OF E AND HEHBER, MANAGER, OR AUTHORISED REPRESENTATIVE 3/17/08

386-734-2627 Daytime Phone #