2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# L07000055519

Entity Name: DOING IT RIGHT, LLC

Current Principal Place of Business:

#366 819 PEACOCK PLAZA
KEY WEST, FL 33040 US

New Principal Place of Business:

2609 FLAGLER AVE
KEY WEST, FL 33040 US

Current Mailing Address:

#366 819 PEACOCK PLAZA
KEY WEST, FL 33040 US

New Mailing Address:

2609 FLAGLER AVE
KEY WEST, FL 33040 US

FEI Number: 26-0233754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEGROVE, DONNA M
#366 819 PEACOCK PLAZA
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

FIORE, DEBORAH A
2609 FLAGLER AVE
KEY WEST, FL 33040 US

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.

SIGNATURE: DEBORAH FIORE 01/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COLEGROVE, DONNA M
Address: #366 819 PEACOCK PLAZA
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM (X) Delete
Name: FIORE, DEBORAH A
Address: #366 819 PEACOCK PLAZA
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FIORE, DEBORAH A
Address: 2609 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBORAH FIORE MGRM 01/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date