2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L07000069839

Entity Name: DUMBASS INVESTMENTS LLC.

Current Principal Place of Business:

12204 LYMESTONE CT.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

1019 FROST LANE
DELTONA, FL 32725

Current Mailing Address:

12204 LYMESTONE CT.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

1019 FROST LANE
DELTONA, FL 32725

FEI Number: 26-0811969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVE. SOUTH
STE 101-330
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	AKER, SUSAN	
Address:	1019 FROST LANE	
City-St-Zip:	DELTONA, FL 32725	
Title:	MGR	( ) Delete
Name:	AKER, MARY	
Address:	1019 FROST LANE	
City-St-Zip:	DELTONA, FL 32725	
Title:	MGR	( ) Delete
Name:	TILGHMAN, JOHNNIE ROBERT JR.	
Address:	1019 FROST LANE	
City-St-Zip:	DELTONA, FL 32725	
Title:	MGR	( ) Delete
Name:	BUMGARNER, LLOYD	
Address:	12204 LYMESTONE CT.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	MGR	( ) Delete
Name:	FRANCOEUR, JOE	
Address:	228 LAKEWOOD DRIVE	
City-St-Zip:	DEBARY, FL 32713	
Title:	MGR	( ) Delete
Name:	FRANCOEUR, LURA	
Address:	228 LAKEWOOD DRIVE	
City-St-Zip:	DEBARY, FL 32713	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SUSAN AKER MGR 04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date