2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072648

Entity Name: DAVID PEARCE ENTERPRISES, LLC

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12440 CHOCTAW TRAIL HUDSON, FL 34669 **Current Mailing Address: New Mailing Address:** 12440 CHOCTAW TRAIL HUDSON, FL 34669 FEI Number: 77-0683012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEARCE, DAVID PEARCE, DAVID A OWNER 12440 CHOCTAW TRAIL 12440 CHOCTAW TRAIL HUDSON, FL 34669 HUDSON, FL 34669 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: DAVID PEARCE 01/08/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete PEARCE, DAVID Name: Name: 12440 CHOCTAW TRAIL Address: Address: City-St-Zip: HUDSON, FL 34669 City-St-Zip: Title: Title: MGR () Change (X) Addition () Delete Name: Name: DAVID, PEARCE Address: Address: 12440 CHOCTAW TRAIL City-St-Zip: City-St-Zip: HUDSON, FL 34669 Title: () Delete Title: MGR () Change (X) Addition DAVID, PEARCE Name: Name: 12440 CHOCTAW TRAIL Address: Address: City-St-Zip: City-St-Zip: HUDSON, FL 34669 Title: () Delete Title: MGR () Change (X) Addition Name: Name: DAVID, PEARCE 12440 CHOCTAW TRAIL Address: Address: City-St-Zip: City-St-Zip: HUDSON, FL 34669 Title: () Delete Title: MGR () Change (X) Addition DAVID, PEARCE Name: Name: 12440 CHOCTAW TRAIL Address: Address: City-St-Zip: City-St-Zip: HUDSON, FL 34669 Title: () Delete Title: () Change (X) Addition DAVID. PEARCE Name: Name: Address: Address: 12440 CHOCTAW TRAIL HUDSON, FL 34669 City-St-Zip: 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: DAVID PEARCE MGR 01/08/2008