2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2009
Secretary of State

DOCUMENT# L08000087690

Entity Name: DADDY'S DUST, LLC

Current Principal Place of Business:

5153 TIFFANY LANE
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

5153 TIFFANY LANE
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOWERS, THOMAS K
432 W CAROLINA STREET
TALLAHASSEE, FL 32301 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: KEYS, ANTHONY M JR.
Address: 5153 TIFFANY LANE
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM ( ) Delete
Name: KEYS, ALONZO SR.
Address: 739 BAY AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM (X) Delete
Name: KEYS, ALONZO JR.
Address: 739 BAY AVENUE
City-St-Zip: PANAMA CITY, FL 32401

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:

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: ANTHONY M KEYS JR MGR 07/20/2009

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