


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jul 14, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # M02000002563</b> 1. Entity Name D W SHOUBE, LLC	
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Principal Place of Business 5224 KARLTON BRUN FT. WORTH, TX 76119	Mailing Address P.O. BOX 15156 FT. WORTH, TX 76119
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**DO NOT WRITE IN THIS SPACE**



07072008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 32-2839523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHOUPPE, DAVID W 5224 KALTENBRUN FORT WORTH, TX 76119
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U00000854785  
07/14/08-80015-003 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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, Florida Statutes.

**SIGNATURE:** *David W Shoupe*      *7-9-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #