

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90375 050 ****50.00

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05032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M03000002229 1. Entity Name SONIC FLORIDA NO. 3, LLC					
Principal Place of Business 1006 TREETOPS BLVD. #100 JACKSON, MS 39232			Mailing Address 1006 TREETOPS BLVD. #100 JACKSON, MS 39232		
2. Principal Place of Business - No P.O. Box # 599 HIGHLAND COLONY PKWY Suite, Apt. #, etc. SUITE 120		3. Mailing Address 599 HIGHLAND COLONY PKWY Suite, Apt. #, etc. SUITE 120			
City & State RIDGELAND, MS		City & State RIDGELAND MS		4. FEI Number 65-1188742	
Zip 39157		Zip 39157		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMMONS, ROBERT O FLOYD & SAMMONS, P.A. 1556 SIXTH STREET, SE WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D.L. INVESTMENTS, LLC 1006 TREETOPS BLVD. #100 JACKSON, MS 39232		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	599 HIGHLAND COLONY PKWY SUITE 120 RIDGELAND MS 39157		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: _____ J. DAVIS			Date 5/3/07 Daytime Phone # 601-605-0658		