

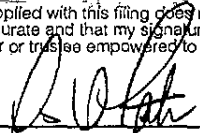


FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000002527		Secretary of State	
1. Entity Name DUNNELLON SONIC, LLC			
Principal Place of Business 11351 N. WILLIAMS ST. DUNNELLON, FL 34431		Mailing Address 11351 N. WILLIAMS ST. DUNNELLON, FL 34431	
DO NOT WRITE IN THIS SPACE			
		03082005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 20-1255760	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JARVIS, CHAD 6025 SW 250 STREET NEWBERRY, FL 32669		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		000000284960 04/02/05-80026-002 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTER, DENNIS 263 LAKEVIEW ROAD EDGEMONT, AR 72044	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		3/18/2005 876-948-2565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #