## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 29, 2008 8:00 am Secretary of State DOCUMENT # M06000005618 04-29-2008 90019 026 \*\*\*138.75 DENNY'S REALTY, LLC Principal Place of Business Mailing Address PAASTTAT 203 EAST MAIN STREET 203 EAST MAIN STREET SPARTENBURG, SC 29319 SPARTENBURG, SC 29319 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 203 East Main 203 East Man St Suite, Apt. #, etc. 04172008 Chg-LLC CR2E083 (12/06) City & State Applied For 4. FEI Number 93-1018443 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA. us A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THILE **MGRM** ☐ Delete TITLE [7] Change Addition DFO, LLC NAME NAME 203 EAST MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPARTENBURG, SC 29319 CITY-ST-ZIP Delete TITLE TITLE [X] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Ross B. Nell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

vice President, Dennyo, dre. 4/22/08