2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M98000000181

1. Entity Name
DEWAR GENERAL, L.L.C.

Principal Place of Business	Mailing Address
2409 BEMISS ROAD VALDOSTA, GA 31604	2409 BEMISS ROAD VALDOSTA, GA 31604

DO NOT WRITE IN THIS SPACE

03142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
58-2237438		Not Applicable
5. Certificate of Status Desired	☑	$5.00 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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS

00000003864923
04/07/08-80007-002 143.75

TITLE	MGRM
NAME	DEWAR, JAMES L JR.
STREET ADDRESS	2409 BEMISS ROAD
CITY-ST-ZIP	VALDOSTA, GA 31604

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: JDDewar Jr   3/18/08   229-242-7759

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