


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 A
Secretary of State

DOCUMENT # L03000046812

1. Entity Name
DELBERT E. RIPPY, LLC



Principal Place of Business 10422 HAZEL AVE HUDSON, FL 34669	Mailing Address 10422 HAZEL AVE HUDSON, FL 34669
--	--

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1048353	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

RIPPY, DELBERT E
10422 HAZEL AVE.
HUDSON, FL 34669

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIPPY, DELBERT E 10422 HAZEL AVE. HUDSON, FL 34669
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	

1100000453378
03/14/06-80017-024 50.00

**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: Delbert E. Rippy Feb 27, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #