


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000004084
 1. Entity Name
 DECORATIVE DRIVEWAY SYSTEMS LLC



Principal Place of Business Mailing Address
 327 TRANQUILLA AVE 327 TRANQUILLA AVE
 PORT SAINT LUCIE FL 34983 PORT SAINT LUCIE FL 34983
 US US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **56-0584335** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent
VANKIRK, WILLIAM
327 TRANQUILLA AVE
PT ST LUCIE FL 34953

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 registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANKIRK, WILLIAM 327 TRANQUILLA AVE PT ST LUCIE FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORBES, JERAMIAH 327 TRANQUILLA AVE PORT ST. LUCIE FL 34983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALLATCH, WILLIAM J 353 SW TRANQUILLA AVE. PORT ST. LUCIE FL 34983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Add

U00000496563
 04/22/06-80017-022 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Wm E. Vankirk* Wm E. VANKIRK 3/4/06 772 877 4407