


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000004084</b> 1. Entity Name <b>DECORATIVE DRIVEWAY SYSTEMS LLC</b>	
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Principal Place of Business <b>327 TRANQUILLA AVE PORT SAINT LUCIE FL 34983 US</b>	Mailing Address <b>327 TRANQUILLA AVE PORT SAINT LUCIE FL 34983 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE      CR2E083 (10/06)

City & State  Zip      Country	City & State  Zip      Country
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4. FEI Number <b>56-0584335</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>VANKIRK, WILLIAM 327 TRANQUILLA AVE PT ST LUCIE FL 34953</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

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

10. ADDITIONS/CHANGES		Change	Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	U00000688515		
CITY-ST-ZIP	04/10/07-80086-009 55.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY-ST-ZIP			

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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Wm E Vankirk*      **W M E VANKIRK**      32708 7728794407

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