## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 APR 23 PH 1: 38 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEF FLORIDA **\$** 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #**M9600000370 1a. Principal Place of Business Address DECK ENTERPRISES, LLC 1401 GLENHILL LANE 1401 GLENHILL LANE LEWISVILLE TX 75067 LEWISVILLE TX 75067 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 09/23/1996 trx. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 75-3669653 5. Date of Last Report Not Applicable 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent CHAMNESS, JUDY A 6434 SILVER OAKS DRIVE Street Address (P.O. Box Number is Not Acceptable) ZEPHYRHILLS FL 33541 Suite, Apt. #, etc. 速率来82门3、7円 \*\*\*\*\*203.75 Zip Code FI 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MBR FRANCES M. KANZ, TRUST 1401 GLENHILL LANE LEWISVILLE TX DOUGLAS E. KANZ, TRUST 1401 GLENHILL LANE MBR LEWISVILLE TX TRUST (34) SILVER OAKS DRIVE MBR **ZEPHRHILLS FL** E CHAMMESS, TRUST 6434 SILVER OAKS DRIVE MBR ZEPHRHILLS FL 11. I do hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an

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attachment with an address.

SIGNATURE:

DOUGLAS E. KANZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER