
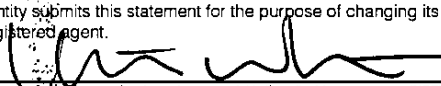
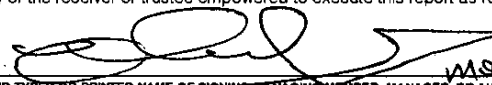


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90373 023 \*\*\*\*50.00

<b>DOCUMENT # L00000011373</b>					
<b>1. Entity Name</b> DUNDEE ENTERPRISES, LLC					
<b>Principal Place of Business</b> 10525 GANDY BLVD ST PETERSBURG, FL 33702			<b>Mailing Address</b> 1611 W PLATT ST TAMPA, FL 33606		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 502 N ARMENIA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA FL		04192005 Chg-LLC CR2E083 (10/03)	
Zip		Zip 33609		Country USA	
<b>4. FEI Number</b> 59-3702946				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KOEHLER, KEITH W KOEHLER & CO. 1611 W PLATT ST TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b> Name: KEITH W. KOEHLER St: Koehler & Company, P.A. C: 502 North Armenia Avenue Tampa, FL 33609 Zip Code:		
<b>8. The above named entity submits this statement for the purpose of changing its registered agent.</b>					
SIGNATURE:  4/20/05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULUZIAN, ARAM 10525 GANDY BLVD ST PETERSBURG, FL 33702		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.</b>					
SIGNATURE:  4/27/05 813 310-9007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					