

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90426 019 ****50.00

DOCUMENT # L01000002623

1. Entity Name
DUFFY'S MANAGEMENT, LLC



Principal Place of Business
521 NORTHLAKE BLVD., # 3&4
NORTH PALM BEACH, FL 33408 US

Mailing Address
521 NORTHLAKE BLVD., # 3&4
NORTH PALM BEACH, FL 33408 US

20010958



02132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1074774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRANE, ROBERT L ESQ.
515 N. FLAGLER DRIVE 18TH FL
WEST PALM BEACH, FL 33401

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME COURNOVER, STEVEN
STREET ADDRESS 521 NORTHLAKE BLVD.
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE D
NAME EMMETT, PAUL
STREET ADDRESS 521 NORTHLAKE BLVD.
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/24/06

561-845-9690

Date

Daytime Phone #

Paul Emmett