2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
04-20-2006 90037 006 ****50.00

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1. Entity Name
DEANOWAYNE ENTERPRISES, L.C.

4/.

Principal Place of Business	Mailing Address
5928 S.E. ABSHIER BLVD BELLEVIEW, FL 34420 US	P.O. BOX 2318 BELLEVIEW, FL 34421-2318 US

DO NOT WRITE IN THIS SPACE

03202006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3756423
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, WAYNE S
9243 SE 72ND AVENUE
OCALA, FL 34472

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANDERSON, WAYNE S
STREET ADDRESS	9243 SE 72ND AVENUE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	MGRM
NAME	SCARBROUGH, DEAN C
STREET ADDRESS	505 BUTTERNUT STREET
CITY-ST-ZIP	DESHLER, OH 43516
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wayne S Anderson 5/1/06 352-690-2385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #