

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90014 047 ****50.00

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DOCUMENT # L01000017833

1. Entity Name
DESKEN, LC.

Principal Place of Business
**989 SOUTH FIRST STREET
 LAKE CITY FL 32025**

Mailing Address
**989 SOUTH FIRST STREET
 LAKE CITY FL 32025**

2. Principal Place of Business
587 S W MAIN BLVD
 Suite, Apt. #, etc.
SUITE 100

3. Mailing Address
587 S W MAIN BLVD
 Suite, Apt. #, etc.
SUITE 100

City & State
LAKE CITY FL
 Zip Country
32025 COLUMBIA

City & State
LAKE CITY FL
 Zip Country
32025 COLUMBIA

4. FEI Number **01-0579050** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KENNETH JOYE, DONALD JR.
989 SOUTH FIRST STREET
LAKE CITY FL 32025

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNETH JOYE, DONALD JR. ROUTE 26, BOX 585 LAKE CITY FL 32024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORDAN JOYE, DESLEIGH ROUTE 26, BOX 585 LAKE CITY FL 32024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: *(Signature)* **DESi Joye** **7/16/02** **(386)755-0511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)



DO NOT WRITE IN THIS SPACE