

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90350 019 \*\*\*\*50.00



**DOCUMENT # L01000017833**

1. Entity Name  
**DESKEN, LC.**

Principal Place of Business  
**587 SW MAIN BLVD  
 SUITE 100  
 LAKE CITY FL 32025**

Mailing Address  
**587 SW MAIN BLVD  
 SUITE 100  
 LAKE CITY FL 32025**

2. Principal Place of Business  
**587 S.W. Main Blvd  
 Suite 100**

3. Mailing Address  
**587 Sw Main Blvd  
 Suite 100**

City & State  
**Lake City, FL**

City & State  
**Lake City, FL**

Zip  
**32025**

Country  
**U.S.**

Zip  
**32025**

Country  
**US**



MOORE CR2E083 (11/03)

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  
**587 Sw main Blvd  
 Suite 100**  
 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 Donald Kenneth Joye, Jr. Owner DATE 3-29-04

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 Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Donald Kenneth Joye, Jr. DATE 3-29-04 386-755-0511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #