


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90065 033 ****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
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20064868



2. Principal Place of Business 587 SW main Blvd	3. Mailing Address 587 SW main Blvd
Suite, Apt. #, etc. STE. 100	Suite, Apt. #, etc. STE. 100
City & State Lake City, FL	City & State Lake City, FL
Zip 32025	Country Columbia

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0579050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KENNETH JOYE, DONALD JR. 587 SW MAIN BLVD STE 100 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
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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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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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	360 SW Thomas Terrace <input checked="" 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	360 SW Thomas Terrace <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Desi Joye Desi Joye Member 7/18/5 386-755-0511

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