

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0579050	Applied For 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

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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 re-registering)

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

U00000564621
 05/20/06-80081-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNETH JOYE, DONALD JR. 360 SW THOMAS TERRACE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORDAN JOYE, DESLEIGH 360 SW THOMAS TERRACE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Desi Joye / Desi Joye* 5-7-6 ³⁸⁶⁻ 755-0511

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