

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90195 026 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

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 *Donald Kenneth Joye Jr.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-6-03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE Delete
NAME **MGRM KENNETH JOYE, DONALD JR.**
STREET ADDRESS **ROUTE 26, BOX 585**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE Delete
NAME **MGRM JORDAN JOYE, DESLEIGH**
STREET ADDRESS **ROUTE 26, BOX 585**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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10. ADDITIONS/CHANGES

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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: *Desleigh Jordan Joye*

Desleigh Jordan Joye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-06-03 386-755-0511
Date Daytime Phone #

CR2E083 (10/02)