


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000019075</b> 1. Entity Name DLOUHY ENTERPRISES, LLC	
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Principal Place of Business 3002 N.W. 10TH STREET OCALA, FL 34475	Mailing Address PO BOX 186 OCALA, FL 34478
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**DO NOT WRITE IN THIS SPACE**



06242005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3620322	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DLOUHY, SHARON L 3002 NW 10TH STREET OCALA, FL 34475	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DLOUHY, LUDWIG E PO BOX 186 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DLOUHY, SHARON PO BOX 186 OCALA, FL 34478
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07/08/05-80011-001 55.00

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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: Sharon Dlouhy SHARON DLOUHY 6/27/05 (352) 620-8290

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