

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019075

Entity Name: DLOUHY ENTERPRISES, LLC

**FILED**  
**Apr 13, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3002 N.W. 10TH STREET  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 186  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 04-3620322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DLOUHY, SHARON L  
3002 NW 10TH STREET  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

DLOUHY, LUDWIG E  
3002 NW 10TH STREET  
OCALA, FL 34475 US

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.

SIGNATURE: LUDWIG E. DLOUHY

04/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DLOUHY, LUDWIG E  
Address: PO BOX 186  
City-St-Zip: OCALA, FL 34478

Title: MGR ( ) Delete  
Name: DLOUHY, SHARON  
Address: PO BOX 186  
City-St-Zip: OCALA, FL 34478

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LUDWIG E. DLOUHY LIV, ING TRUST  
Address: PO BOX 186  
City-St-Zip: OCALA, FL 34478

Title: MGRM (X) Change ( ) Addition  
Name: SHARON DLOUHY LIVING, TRUST  
Address: PO BOX 186  
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUDWIG E. DLOUHY

MGRM

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date