

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000022573 1. Entity Name DUKE ENTERPRISES LLC	
---	---

Principal Place of Business RR 5 BOX 5364 LAKE BUTLER, FL 32054 US	Mailing Address RR 5 BOX 5364 LAKE BUTLER, FL 32054 US
--	--

DO NOT WRITE IN THIS SPACE



04092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4209550	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FOWLER, IVAN A RR 5 BOX 5364 LAKE BUTLER, FL 32054	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

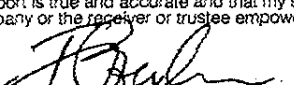
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIMMICH, RICHARD H DR 297 CEDAR CREEK DR. ATHENS, GA 30605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOWLER, IVAN A MR. RR 5 BOX 5364 LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000125406
04/22/04-80084-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 603, Florida Statutes.

SIGNATURE:  **IVAN FOWLER** **4-21-04** **386 446-2354**

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