

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022573

FILED
Apr 10, 2006
Secretary of State

Entity Name: DUKE ENTERPRISES LLC

Current Principal Place of Business:

RR 5 BOX 5364
LAKE BUTLER, FL 32054 US

New Principal Place of Business:

6305 SW CR 241
LAKE BUTLER, FL 32054 US

Current Mailing Address:

RR 5 BOX 5364
LAKE BUTLER, FL 32054 US

New Mailing Address:

6305 SW CR 241
LAKE BUTLER, FL 32054 US

FEI Number: 13-4209550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, IVAN A
RR 5 BOX 5364
LAKE BUTLER, FL 32054 US

Name and Address of New Registered Agent:

FOWLER, IVAN A
6349 SW CR 241
LAKE BUTLER, FL 32054 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:

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIMMICH, RICHARD H DR
Address: 297 CEDAR CREEK DR.
City-St-Zip: ATHENS, GA 30605 US

Title: MGR () Delete
Name: FOWLER, IVAN A MR.
Address: RR 5 BOX 5364
City-St-Zip: LAKE BUTLER, FL 32054 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KIMMICH, RICHARD H DR
Address: 150 SANDSTONE DR.
City-St-Zip: ATHENS, GA 30605 US

Title: MGR (X) Change () Addition
Name: FOWLER, IVAN A MR.
Address: 6349 SW CR 241
City-St-Zip: LAKE BUTLER, FL 32054 US

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: IVAN A. FOWLER

MGR

04/10/2006

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