


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000027251		
1. Entity Name DISPATCH CREEK, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 AM 9:35

Principal Place of Business 31 OCEAN REEF DRIVE, SUITE C-206 KEY LARGO, FL 33037	Mailing Address 31 OCEAN REEF DRIVE, SUITE C-206 KEY LARGO, FL 33037
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2. Principal Place of Business 31 Ocean Reef Drive	3. Mailing Address 31 Ocean Reef Drive
Suite, Apt. #, etc. Suite C-302	Suite, Apt. #, etc. Suite C-302
City & State Key Largo, FL	City & State Key Largo, FL
Zip 33037	Country US



02032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0034727	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PERSAUD, SAMUEL ESQ 1320 S. DIXIE HWY #715 CORAL GABLES, FL 33146	

7. Name and Address of New Registered Agent	
Name Samuel A. Persaud, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 201 North Krome Avenue	
Suite 200	
City Homestead	FL Zip Code 33030

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 	DATE 2-6-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKE, JAMES E 31 OCEAN REEF DRIVE, SUITE C-206 KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200066492532 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/23/06--01014--001 **1111.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DATE 2/6/06