

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000033689**

1. Entity Name  
**DRIVING FOR DOE INVESTMENT CLUB, L.L.C.**



Principal Place of Business  
**465 S.E. ST. LUCIE BLVD.  
STUART, FL 34996 US**

Mailing Address  
**465 S.E. ST. LUCIE BLVD.  
STUART, FL 34996 US**



08112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0815656**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, JOAN  
465 SE ST LUCIE BLVD  
STUART, FL 34996**

**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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	MARINO, PHYLLIS
STREET ADDRESS	1581 SW MEDLEY LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	MGRS
NAME	SMITH, JOAN
STREET ADDRESS	465 SE ST LUCIE BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGRV
NAME	O'CONNEL, DEBRA ANN
STREET ADDRESS	4308 SW BROOKSIDE DR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	V
NAME	STELLMAN, LYNN
STREET ADDRESS	4300 SW BROOKSIDE DR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRV
NAME	TYSON, BARBARA
STREET ADDRESS	19874 WILKINSON LEAS RD.
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	V
NAME	MOORE, THERESA
STREET ADDRESS	2060 BRINROAK TRAIL
CITY-ST-ZIP	PALM CITY, FL 34990

1000000376429  
08/15/05-80006-005 50.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**JOAN SMITH**

**8/11/05**

Date

**772/283-8135**

Daytime Phone #