2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L02000033689

Entity Name: DRIVING FOR DOE INVESTMENT CLUB, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 55-0815656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	MARINO, PHYLLIS	
Address:	1581 SW MEDLEY LANE	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	
Title:	MGRS	( ) Delete
Name:	SMITH, JOAN	
Address:	465 SE ST LUCIE BLVD	
City-St-Zip:	STUART, FL 34996	
Title:	MGRV	( ) Delete
Name:	O'CONNEL, DEBRA ANN	
Address:	4308 SW BROOKSIDE DR.	
City-St-Zip:	PALM CITY, FL 34990	
Title:	V	( ) Delete
Name:	STELLMAN, LYNN	
Address:	4300 SW BROOKSIDE DR.	
City-St-Zip:	PALM CITY, FL 34990	
Title:	MGRT	( ) Delete
Name:	TYSON, BARBARA	
Address:	19874 WILKENSON LEAS RD.	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	V	( ) Delete
Name:	MOORE, THERESA	
Address:	2060 BRINROAK TRAIL	
City-St-Zip:	PALM CITY, FL 34990	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JOAN SMITH MGR 04/18/2006

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