

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022432

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: DUBO, LLC

## Current Principal Place of Business:

4427-6 EMERSON ST.  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

5300 EMERSON ST.  
JACKSONVILLE, FL 32207

## Current Mailing Address:

4427-6 EMERSON ST.  
JACKSONVILLE, FL 32207

## New Mailing Address:

5300 EMERSON ST.  
JACKSONVILLE, FL 32207

FEI Number: 20-0049566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOOVER, ROBERT E JR  
4427-6 EMERSON ST.  
JACKSONVILLE, FL 32207

## Name and Address of New Registered Agent:

HOOVER, ROBERT E JR  
5300 EMERSON ST.  
JACKSONVILLE, FL 32207

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:

01/12/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: HOOVER, JR, ROBERT E  
Address: 2446 PROVOST CT.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR ( ) Change (X) Addition  
Name: DUNCAN, JR, OTIS A  
Address: 1519 CEDAR GROVE TERRACE  
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT E. HOOVER JR

MGR

01/12/2004

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