


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90039 016 \*\*\*\*50.00

<b>DOCUMENT # L03000027207</b>	
1. Entity Name <b>DICKSON HOLDINGS, LLC</b>	

Principal Place of Business <b>5810 PAPAYA DRIVE FORT PIERCE, FL</b>	Mailing Address <b>5810 PAPAYA DRIVE FORT PIERCE, FL</b>
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20000535



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE 36-4537413</b>		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent <b>BECHT, EDWARD W 321 SOUTH SECOND STREET FORT PIERCE, FL 34950</b>		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LUNDEEN, GORDON 5810 PAPAYA DRIVE FORT PIERCE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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:** Gordon Lundeen - **GORDON LUNDEEN** 1-12-06 772-595-0509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 20000535  
L 03000027207

Step 1

About This Registration  
How to Recover Your Session

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**Your Recovery ID** is used to log back onto the system in the event that your connection to the Internet is lost before you have completed the registration, or you are unable to complete your entire registration at one time. Write this number down or print this page.

You will need to enter your **FEI Number** or **Social Security Number** noted below, in addition to this ID, when you return. You will resume at the last successfully completed page. This ID will expire one week from the last time you use the application.

SSN: 553-88-8766

FEI Number: 36-4537413

Your recovery ID is: 03091295760

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