

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90094 040 \*\*\*\*55.00

**DOCUMENT # L03000029052**

1. Entity Name  
**DABECK ENTERPRISES, LLC**



Principal Place of Business  
**16 MARINA POINT PLACE  
PALM COAST, FL 32137 US**

Mailing Address  
**16 MARINA POINT PLACE  
PALM COAST, FL 32137 US**



2. Principal Place of Business  
**75 SOUTH RIVERWALK DRIVE**

3. Mailing Address  
**- SAME -**

Suite, Apt. #, etc.  
**FL**

Suite, Apt. #, etc.  
**FL**

City & State  
**PALM COAST FL**

City & State  
**FL**

Zip  
**32137**

Country  
**U.S.**

04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0122307**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**CARTER, DAVID W  
16 MARINA POINT PLACE  
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name  
**75 SOUTH RIVERWALK DRIVE**

Street Address (P.O. Box Number is Not Acceptable)  
**75 SOUTH RIVERWALK DRIVE**

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 *David W. Carter* DATE 04-04-2005

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, DAVID W		NAME	<b>75 SOUTH RIVERWALK DRIVE</b>	
STREET ADDRESS	16 MARINA POINT PLACE		STREET ADDRESS	<b>75 SOUTH RIVERWALK DRIVE</b>	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	<b>75 SOUTH RIVERWALK DRIVE</b>	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINGO-CARTER, BETH E		NAME	<b>75 SOUTH RIVERWALK DRIVE</b>	
STREET ADDRESS	16 MARINA POINT PLACE		STREET ADDRESS	<b>75 SOUTH RIVERWALK DRIVE</b>	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	<b>75 SOUTH RIVERWALK DRIVE</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *David W. Carter* DATE 04-04-2005 DAYTIME PHONE # 386 517 6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #