

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28

FILED
Jun 01, 2006 8:00 am
Secretary of State

04-28-2006 90020 049 ****50.00

DOCUMENT # L03000031659 1. Entity Name DOORKEY, L.L.C.					
Principal Place of Business 35246 US HIGHWAY 19 NORTH PMB #122 PALM HARBOR, FL 34684			Mailing Address 35246 US HIGHWAY 19 NORTH PMB #122 PALM HARBOR, FL 34684		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 261563066 Applied For APPLIED FOR	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04192006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent HENDRY, HARRY O 2242 MAIN STREET FORT MYERS, FL 33901			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 reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARRON, BARNEY J 35246 US HIGHWAY 19 NORTH PMB #122 PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>Barney J. Barron</u> , BARNEY J. BARRON			Date: <u>4/14/2006</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

30009316



(405) 627-6519