

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 30, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000032575

1. Entity Name
DO 1 DIP, L.L.C.



Principal Place of Business
**718 TARTAN LOOP
LAKE WALES, FL 33853**

Mailing Address
**718 TARTAN LOOP
LAKE WALES, FL 33853**



01202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0187218

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KEITH, W.C.
1517 COMMERCIAL PARK DR.
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000406822
02/07/06-80105-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LINDBLADE, AMY
STREET ADDRESS	718 TARTAN LOOP
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	MGR
NAME	LINDBLADE, KEVIN
STREET ADDRESS	718 TARTAN LOOP
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Amy L. Lindblade

Date

Daytime Phone #

1-23-06 863-679-7115