

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039033

FILED
Jan 06, 2006
Secretary of State

Entity Name: DUNNING AND ASSOCIATES, LLC

Current Principal Place of Business:

14246 NORTHWEST 18TH MANOR
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

14246 NORTHWEST 18TH MANOR
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 56-2405767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUNNING, EDDIE
Address: 14246 NORTHWEST 18TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR (X) Delete
Name: DUNNING, ANNA
Address: 14246 NORTHWEST 18TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR (X) Delete
Name: DUNNING, EDDIE
Address: 14246 NORTHWEST 18TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EDDIE D. DUNNING

MGR

01/06/2006

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