



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90162 035 ****50.00

DOCUMENT # L03000039822 1. Entity Name DUNSON ROAD, LLC																																																					
Principal Place of Business 302 S. MASSACHUSETTS AVE., STE. 223 LAKELAND FL 33801				Mailing Address 302 S. MASSACHUSETTS AVE., STE. 223 LAKELAND FL 33801																																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2955		 MOORE CR2E083 (11/03)																																																	
City & State Lakeland, FL		4. FEI Number 33-1072462																																																			
Zip 33806		Country USA																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable																																																			
6. Name and Address of Current Registered Agent FEAR, CHRISTOPHER M ONE LAKE MORTON DR. LAKELAND FL 33801				7. Name and Address of New Registered Agent Name DAVID D. Henderson Street Address (P.O. Box Number is Not Acceptable) 302 S. Massachusetts Ave., Ste. #223 City LAKELAND FL Zip Code 33801																																																	
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 D. Henderson 2/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> MGR HENDERSON, DAVID D 302 S. MASSACHUSETTS AVE., STE. 223 LAKELAND FL 33801 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, DAVID D 302 S. MASSACHUSETTS AVE., STE. 223 LAKELAND FL 33801	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 10%;"></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			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 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 D. Henderson 2/2/04 (863) 686-9336 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																					