

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043861

Entity Name: DEAD DONKEY, LLC

FILED  
Apr 15, 2006  
Secretary of State

**Current Principal Place of Business:**

513 FLEMING ST  
#10  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4766  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 20-0587600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABANAS, KAREN  
1407 SUN TERRACE  
KEY WEST, FL 33040 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: MGRM ( ) Delete  
Name: CABANAS, KAREN  
Address: P O BOX 4766  
City-St-Zip: KEY WEST, FL 33041

Title: MGRM ( ) Delete  
Name: VOSS, BRANT  
Address: P O BOX 4766  
City-St-Zip: KEY WEST, FL 33041

**ADDITIONS/CHANGES:**

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: KAREN CABANAS

MGRM

04/15/2006

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