


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000045111
 1. Entity Name
 DUWAYNE PETERS RESIDENTIAL CONTRACTOR, LLC



Principal Place of Business Mailing Address
 423 SOUTHWEST GABRIELLA WAY 423 SOUTHWEST GABRIELLA WAY
 MADISON, FL 32340 US MADISON, FL 32340 US

DO NOT WRITE IN THIS SPACE



02262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0428258	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PETERS, DUWAYNE
 423 SOUTHWEST GABRIELLA WAY
 MADISON, FL 32340

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERS, DUWAYNE 423 SOUTHWEST GABRIELLA WAY MADISON, FL 32340
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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: Duwayne Peters DuWAYNE PETERS 2/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #