

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90035 012 \*\*\*\*50.00

**DOCUMENT # L03000046385**  
 1. Entity Name  
**DENNIS DUDLEY LLC**



Principal Place of Business: **3024 FAYSON CIRCLE DELTONA FL 32738**  
 Mailing Address: **3024 FAYSON CIRCLE DELTONA FL 32738**



2. Principal Place of Business: **965 Cassadaga Rd**  
 Suite, Apt. #, etc.  
 3. Mailing Address: **965 Cassadaga Rd**  
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State: **Lake Helen FL**  
 City & State: **Lake Helen FL**  
 Zip: **32744** Country: **Volusia**  
 Zip: **32744** Country: **Volusia**

4. FEI Number: **59-3159812**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**DUDLEY, DENNIS J**  
**3024 FAYSON CIRCLE**  
**DELTONA FL 32738**

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE: <b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>DUDLEY, DENNIS J</b>	
STREET ADDRESS: <b>3024 FAYSON CIRCLE</b>	
CITY-ST-ZIP: <b>DELTONA FL 32738</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

10. ADDITIONS/CHANGES

TITLE: <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DUDLEY, DENNIS J</b>	
STREET ADDRESS: <b>965 CASSADAGA RD</b>	
CITY-ST-ZIP: <b>LAKE HOLEN FL. 32744</b>	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: *Dennis Dudley* Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE