2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 13, 2006 08:00 AM Secretary of State

DOCUMENT # L03000051096
1. Entity Name
DUDGESS CONSTRUCTION 110

Principal Place of Business 6725 NORTHI AKE DRIVE Mailing Address

6725 NORTHLAKE DRIVE ZEPHYRHILLS, FL 33542 6725 NORTHLAKE DRIVE ZEPHYRHILLS, FL 33542



01202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0485736 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

5. Name and Address of Current Registered Agent

BURGESS, KENNETH M JR. 6725 NORTHLAKE DRIVE ZEPHYRHILLS, FL 33542

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

DO NOT WRITE IN THIS SPACE

ZEI ITTAMELO, I C 93942		- IN THIS SPACE			
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	named entity submits this statement for the purpose of chai ions of registered agent.	nging its registered office or registered agent, or boo	oth, in the State of Flor	ida, I am familiar i	with, and accept
SIGNATURE.	Signature, typed or printed name of registered apent and title II applicable	(NOTE: Registered Apent Signature required when reinstaling)	_ _	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2006		11000005 (14/27 /0 6-6	5Ü6849	150.00
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM BURGESS, KENNETH M JR. 6725 NORTHLAKE DRIVE ZEPHYRHILLS, FL 33542	***:			
title Name Street address City-St-Zip					ر در تیمورد در انتخاب
THILE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-SI-TIP		IN.	THIS SP	ACE	v , 40-mr.

11. I hereby certify that the information supplied with this filling 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 cath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY MANAGING MEMBER, OR AITHORIZED REPRESENTATIVE

4/8/06

1) 782+1949

Daytime Phone #