## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE

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

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## **FILED** ANNUAL REPORT Jan 09, 2006 08:00 AN **DOCUMENT # L03000052272 Secretary of State** DERBYSHIRE INVESTMENT, LLC Principal Place of Business Mailing Address 12240 SOUTHWEST AUSTIN AVENUE 12240 SOUTHWEST AUSTIN AVENUE LAKE SUZY, FL 34269 US LAKE SUZY, FL 34269 01042006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KINGSTON, PAUL T DO NOT WRITE 12240 SOUTHWEST AUSTIN AVENUE LAKE SUZY, FL 34269 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE KINGSTON, PAUL T NAME STREET ADDRESS 12240 SOUTHWEST AUSTIN AVENUE LAKE SUZY, FL 34269 CITY-ST-ZIP TITLE 1000000380576 NAME 01/11/06-80019-023 50.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

11. I hereby certify that the information supplied with this fitting 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.

IN THIS SPACE

SIGNATURE: PAUL T- KINGS TOW 1/5/06 941628-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DOM DESIGNED Phone #