

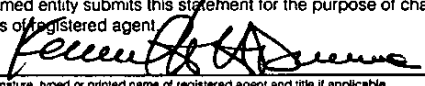



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90050 046 \*\*\*\*\*55.00

<b>DOCUMENT # L03000054400</b> 1. Entity Name <b>KENNETH H. DUNNE, LLC</b>					
Principal Place of Business <b>133 SHARWOOD DRIVE NAPLES, FL 34110</b>			Mailing Address <b>133 SHARWOOD DRIVE NAPLES, FL 34110</b>		
2. Principal Place of Business <b>9715 SPRING RIDGE CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>9715 SPRING RIDGE CIRCLE</b> Suite, Apt. #, etc.			
City & State <b>ESTERO, FL</b>		City & State <b>ESTERO, FL</b>		4. FEI Number <b>73-1687826</b>	
Zip <b>33928</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DUNNE, KENNETH H 133 SHARWOOD DRIVE NAPLES, FL 34110</b>		7. Name and Address of New Registered Agent Name <b>KENNETH H. DUNNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>9715 SPRING RIDGE CIRCLE</b> City <b>ESTERO</b> <b>FL</b> Zip Code <b>33928</b>			
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  <b>KENNETH H. DUNNE MGR</b> <b>1/7/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUNNE, KENNETH H <b>9715 SPRING RIDGE CIRCLE</b> <b>ESTERO, FL 33928</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>KENNETH H. DUNNE MGR</b> <b>1/7/06</b> <b>(239) 571-5280</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					