2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
05-02-2005 90104 029 ****50.00

DOCUMENT # L03000055434
1. Entity Name
DUANE KING LLC

30008117

Principal Place of Business	Mailing Address
105 DELLWOOD AVE PALATKA, FL 32177 US	105 DELLWOOD AVE PALATKA, FL 32177 US

03282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
105 Dellwood Ave		105 Dellwood Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Palatka FL		City & State: Palatka FL	
Zip: 32177	Country: Putnam	Zip: 32177	Country: Putnam

4. FEI Number 770618747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, BYRON D
105 DELLWOOD AVE
PALATKA, FL 32177

7. Name and Address of New Registered Agent

Name: King Byron D
Street Address (P.O. Box Number is Not Acceptable): 105 Dellwood Ave
City: Palatka FL Zip Code 32177

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: Byron Duane King 4/24/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KING, BYRON D		NAME		
STREET ADDRESS	105 DELLWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Byron Duane King 4/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #