
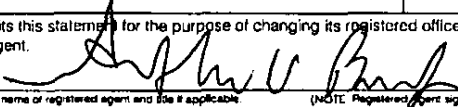
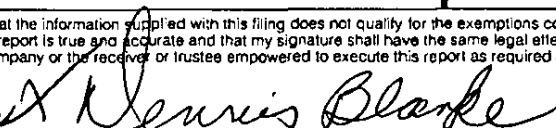


FILED  
Jul 12, 2006 8:00 am  
Secretary of State

05-11-2006 90019 019 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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<b>DOCUMENT # L03000056347</b>			
1. Entity Name <b>DENNIS BLANKE LLC</b>			
Principal Place of Business <b>9206 SW 93RD GAINESVILLE, FL 32608 US</b>		Mailing Address <b>9206 SW 93RD GAINESVILLE, FL 32608 US</b>	
2. Principal Place of Business <b>HOME</b> Suite, Apt. #, etc.		3. Mailing Address <b>9206 SW 93 TERR</b> Suite, Apt. #, etc.	
City & State <b>GAINESVILLE, FLA</b>		City & State <b>GAINESVILLE, FLA</b>	
Zip <b>32608</b>		Zip <b>32608</b>	
Country <b>ALACHUA</b>		Country <b>ALACHUA</b>	
4. FEI Number <b>26-4763410</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05082006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent <b>BROWN, ARTHUR W JR 403 WEST MAIN ST. ARCHER, FL 32618</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>7/06/06</b> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE <b>MGR</b> NAME <b>BLANKE, DENNIS</b> STREET ADDRESS <b>9206 SW 93RD TERR</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>		TITLE <b>OWNER, PRESIDENT</b> NAME <b>DENNIS BLANKE</b> STREET ADDRESS <b>9206 SW 93 TERR</b> CITY-ST-ZIP <b>GAINESVILLE, FLA 32608</b>	
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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  DATE <b>07/06/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			