

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90010 001 ****50.00



DOCUMENT # L04000003312

1. Entity Name

DUBON, LLC

Principal Place of Business

331 SW 20TH ROAD
 MIAMI FL 33129

Mailing Address

331 SW 20TH ROAD
 MIAMI FL 33129



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBON, JOSE M
 331 SW 20TH ROAD
 MIAMI FL 33129

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete	Change	Addition
MGRM	DUBON, INDIA L	331 SW 20TH ROAD	MIAMI FL 33129	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
MGRM	DUBON, JOSE M	331 SW 20TH ROAD	MIAMI FL 33129	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

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: Jose M. Dubon Jose M. Dubon 7/15/05 786.587.9986
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #