2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 08, 2005 8:00 am Secretary of State

DOCUMENT # L0400008143 1. Entity Name DONALD D. FULLER, L.L.C.						03-08-2005 90026 022 ****50.00				
Principal Place of Business		Mailing Address		┦ ,	. A A T A T I K					
264 DRIFTONWOODS RD MONTICELLO, FL 32344		PO BOX 46								
MUNITICELLO), FL 32344	MONTICELLO, FL 323	45			•				
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042005	05:110	OD05000	(40/00)		
City & State					02012005	Chg-LLC	CR2E083			
City & State		City & State		4. FEI Numbe	Bf			plied For t Applicable		
Zip Country		Zip Coun		itry	E Cartificata	of Status Desired	□ \$ 5.	.00 Add		
				,			□ Fee	Required		
	6. Name and Address of Current	Registered Agent		Name *	7. Name and	Address of New R	egistered Age	nt		
FULLER, DONALD D										
264 DRIFTONWOODS RD MONTICELLO, FL 32344				Street Address (P.O. Box Number is Not Acceptable)						
MONTICE	LLO, FL 32344									
				City		-	FL	Zip Code		
The above named entity submits this statement for the purpose of changing its reg				od office or regis						
the obligat	tions of registered agent.	the purpose of changing its	s registeri	ed office of regis	stered agent, or bo	in, in the state of Fig	лоа. Гантані	WELL WILLI,	and accept	
SIGNATURE .										
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating)		DATÉ			
Filing Fee is \$50.00 Due by May 1, 2005							.5-			
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9.	MANAGING MEMBE	RS/MANAGERS	10.				Department			
9.	MANAGING MEMBE	RS/MANAGERS	TITL			Florida 	Department CHANGES		Addition	
9.	MANAGING MEMBE MGR FULLER, DONALD D	 	TITLE			Florida 	Department CHANGES	of State		
9. TITLE NAME	MANAGING MEMBE	 	TITLE NAM STRE	IE		Florida 	Department CHANGES	of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR FULLER, DONALD D 264 DRIFTONWOODS RD	 	TITLE NAM STRE	EET ADORESS -ST-ZIP		Florida 	Department	of State		
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oalh; 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.

6094-796-028 Donald D. Fuller 3/2/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #