

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037969

Entity Name: DUHDA, LLC

FILED  
May 24, 2005  
Secretary of State

**Current Principal Place of Business:**

4268 SE 51ST PLACE  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

4268 SE 51ST PLACE  
OCALA, FL 34480

**New Mailing Address:**

FEI Number: 88-0461114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CARTER, CASSIUS  
4268 SE 51ST PLACE  
OCALA, FL 34480      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: CARTER, CASSIUS  
Address: 4268 SE 51ST PLACE  
City-St-Zip: Ocala, FL 34480

Title: MGR      ( ) Delete  
Name: DECROW, WANDA  
Address: 4268 SE 51ST PLACE  
City-St-Zip: Ocala, FL 34480

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CASSIUS CARTER

MGR

05/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date