


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

50.00

DOCUMENT # L04000038301	
1. Entity Name DUFF ENTERPRISES, LLC	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -2 AM 11:04

Principal Place of Business 912 ROTONDA CIRCLE ROTONDA WEST FL 33947-1838	Mailing Address 912 ROTONDA CIRCLE ROTONDA WEST FL 33947-1838
---	---

2. Principal Place of Business Suite, Apt. #, etc. 8282 Wiltshire Dr Port Charlotte FL Zip 33981 Country USA	3. Mailing Address Suite, Apt. #, etc. 8282 Wiltshire Dr Port Charlotte FL Zip 33981 Country USA
--	--

qf



1st MOORE CR2E083 (10/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent <del>GUNDERSON, MIKO P-ESQ.</del> <del>18401 MURDOCK CIRCLE</del> <del>PORT CHARLOTTE FL 33948-1088</del>	
7. Name and Address of New Registered Agent Name: <u>Barbara C Duff</u> Street Address (P.O. Box Number is Not Acceptable): <u>8282 Wiltshire Dr</u> City: <u>Port Charlotte</u> FL Zip Code: <u>33981</u>	

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 Barbara C Duff (NOTE: Registered Agent signature required when reinstating) DATE 1/21/05

**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	<u>MEM</u> <u>James T. Duff</u> <u>8282 Wiltshire Dr</u> <u>Port Charlotte, FL 33981</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 [Signature] DATE 1/21/05 941 - 380 - 3833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE