

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90162 035 \*\*\*\*50.00

<b>DOCUMENT # L04000040970</b>					
<b>1. Entity Name</b> ERNEST G. DURHAM LLC					
<b>Principal Place of Business</b> 400 SHADEVILLE HWY CRAWFORDVILLE, FL 32327 <i>Crawfordville Fla</i>			<b>Mailing Address</b> 400 SHADEVILLE HWY CRAWFORDVILLE, FL 32327		
<b>2. Principal Place of Business</b> 400 Shadeville Hwy Suite, Apt. #, etc. <del>400 Shadeville Hwy</del> City & State Florida Zip 32327		<b>3. Mailing Address</b> P.O. Box 612 Suite, Apt. #, etc. Crawfordville City & State Florida Zip 32327			
03152005    Chg-LLC    CR2E083 (10/03)		<b>4. FEI Number</b> 593323606		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> DURHAM, ERNEST J 400 SHADEVILLE HWY. CRAWFORDVILLE, FL 32327			<b>7. Name and Address of New Registered Agent</b> Name: ERNEST J Durham Street Address (P.O. Box Number is Not Acceptable): 117 Dickson Bay Rd. City: Panama City    FL    Zip Code: 32346-2089		
<b>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.</b> SIGNATURE: <u>ERNEST J Durham LLC</u> DATE: <u>3/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURHAM, ERNEST J 400 SHADEVILLE HWY CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ernest G Durham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	