

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000043019**

1. Entity Name  
**DUCAT MANAGEMENT, LLC**



**Principal Place of Business**

**1205 AVENIDA CENTRAL NORTH  
THE VILLAGES, FL 32159**

**Mailing Address**

**% ERWIN HOLLANDER, CPA  
29226 ORCHARD LAKE ROAD #150  
FARMINGTON HILLS, MI 48334**



03222006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1928033**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DUCAT, DARRELL  
1205 AVENIDA CENTRAL NORTH  
THE VILLAGES, FL 32159**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DUCAT, DARRELL
STREET ADDRESS	1205 AVENIDA CENTRAL NORTH
CITY-ST-ZIP	THE VILLAGES, FL 32159
TITLE	MGRM
NAME	DUCAT, LARRY A
STREET ADDRESS	1205 AVENIDA CENTRAL NORTH
CITY-ST-ZIP	THE VILLAGES, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/11/06-80057-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*S. Hollander, Accountant* 3/27/06 240/932-1090