


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90120 009 ****50.00

DOCUMENT # L04000043820 1. Entity Name DUNN 434 REAL ESTATE, LLC					
Principal Place of Business 2639 W. HIGHWAY 434 LONGWOOD, FL 32779 US				Mailing Address Becky Dunn 550 Manor Rd. Maitland, FL 32751-5760	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 550 MANOR RD Suite, Apt. #, etc.			
City & State Zip Country		City & State MAITLAND, FL Zip Country 32751-5760 US		4. FEI Number 20-2719975 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 DUNN, RICHARD M 2639 W. HIGHWAY 434 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Richard M Dunn</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUNN, RICHARD M 2639 W. HIGHWAY 434 LONGWOOD, FL 32779 <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
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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: <u><i>Richard M Dunn</i></u> RICHARD M DUNN, MGRM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				407-862-1870 <small>Daytime Phone #</small>	