


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90051 001 \*\*\*\*50.00

<b>DOCUMENT # L04000043820</b>	
1. Entity Name DUNN 434 REAL ESTATE, LLC	

Principal Place of Business 2639 W. HIGHWAY 434 LONGWOOD, FL 32779 US	Mailing Address 550 MANOR RD MAITLAND, FL 32751-5760 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2639 W HIGHWAY 434 Suite, Apt. #, etc.
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City & State LONGWOOD, FL	City & State LONGWOOD, FL
Zip 32779	Country SEMINOLE

6. Name and Address of Current Registered Agent DUNN, RICHARD M 2639 W. HIGHWAY 434 LONGWOOD, FL 32779	
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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	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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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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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 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: <i>Richard M Dunn</i> RICHARD M DUNN, MGRM	Date	Daytime Phone # 407-862-1870
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