
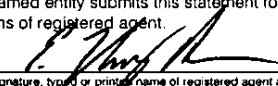
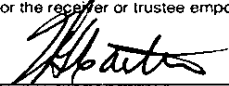


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 JUN 28 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000047291 1. Entity Name DUCK HILL, L.L.C.					
Principal Place of Business 2808 MANATEE AVENUE WEST BRADENTON, FL 34205			Mailing Address 2808 MANATEE AVENUE WEST BRADENTON, FL 34205		
2. Principal Place of Business 2150 WHITFIELD AVENUE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 46 N. WASHINGTON BLVD. <small>Suite, Apt. #, etc.</small> SUITE 1		06242005 Chg-LLC CR2E083 (10/03)	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA		4. FEI Number APPLIED FOR	
Zip 34243		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OZARK, DAMIAN M 2808 MANATEE AVENUE WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD. SUITE 1 City SARASOTA, FLORIDA FL Zip Code 34236	
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 6-24-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
E. ZACHARY RANS, as Vice President Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OZARK, DAMIAN M 2808 MANATEE AVENUE WEST BRADENTON, FL 34205 <input checked="" 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	MGRM CARTER, WEATHERSBY G. 2150 WHITFIELD AVENUE SARASOTA, FLORIDA 34243 <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
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: 				6-24-05 (941) 751-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

WEATHERSBY G. CARTER, MGRM



L04000047291

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 453170 4320888

AUTHORIZATION :

Patricia Poynt

COST LIMIT : \$ 55.00

ORDER DATE : June 28, 2005

ORDER TIME : 12:10 PM

ORDER NO. : 453170-005

CUSTOMER NO: 4320888

CUSTOMER: Ms. April Haley
Livingston Patterson &
46 N. Washington Blvd.

Sarasota, FL 34236

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TALLAHASSEE, FLORIDA

BK

ANNUAL REPORT FILING

NAME: DUCK HILL, L.L.C.

RECEIVED
05 JUN 28 PM 12:42
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____