

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90066 025 \*\*\*\*55.00

<b>DOCUMENT # L04000055464</b> 1. Entity Name <b>DUANE PALENSKY LLC</b>					
Principal Place of Business <b>4430 DIVINE FARM ROAD</b> <b>CANTONMENT, FL 32533</b> <i>4430 Divine Farm Rd</i>		Mailing Address <b>4430 DIVINE FARM ROAD</b> <b>CANTONMENT, FL 32533</b> <i>4430 Divine Farm Rd</i>			
2. Principal Place of Business Suite, Apt. #, etc. <i>Cantonment</i> City & State <i>FL</i> Zip <i>32533</i>		3. Mailing Address Suite, Apt. #, etc. <i>Cantonment</i> City & State <i>FL</i> Zip <i>32533</i>			
Country <i>ESCAMBIA</i>		Country <i>ESCAMBIA</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				4. FEI Number <i>20-1411824</i>	
6. Name and Address of Current Registered Agent <b>PALENSKY, DUANE</b> <b>4430 DIVINE FARM ROAD</b> <b>CANTONMENT, FL 32533</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <i>Bohdan Palensky</i> <i>Duane Palensky</i> <i>8/19/2005</i> <small>Signature (handwritten or printed name of registered agent acceptable if applicable) (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 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 PALENSKY, DUANE 4430 DIVINE FARM ROAD CANTONMENT, FL 32533	<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	<del>PALENSKY, DUANE</del> <del>4430 DIVINE FARM ROAD</del> <del>CANTONMENT, FL 32533</del>	<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	MGR Gaile Palensky 4430 Divine Farm Rd. Cantonment, FL 32533	<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)(l), 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>Gaile Palensky</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<i>8/19/05 (850) 712-1431</i> <small>Date Daytime Phone #</small>	

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