



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90420 030 ****55.00

DOCUMENT # L04000057280 1. Entity Name BENJAMIN DUNABLE DETAILING LLC					
Principal Place of Business 324 HILLCREST AVE VALPARAISO, FL 32580			Mailing Address 324 HILLCREST AVE VALPARAISO, FL 32580		
2. Principal Place of Business 4455 Luke Ave. Suite, Apt. #, etc.		3. Mailing Address 4455 Luke Ave. Suite, Apt. #, etc.			
City & State Destin FL.		City & State Destin FL.		4. FEI Number 81-065 2772	
Zip 32541		Country okalosa		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNABLE, BENJAMIN LEE 324 HILLCREST AVE VALPARAISO, FL 32580			7. Name and Address of New Registered Agent Name Dunable, Benjamin Lee Street Address (P.O. Box Number is Not Acceptable) 4455 Luke Ave. City Destin FL Zip Code 32541		
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 Benjamin Lee Dunable Benjamin Lee Dunable 4/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 DUNABLE, BENJAMIN LEE 324 HILLCREST AVE VALPARAISO, FL 32580	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dunable, Benjamin Lee 4455 Luke Ave. Destin FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Benjamin Lee Dunable Benjamin Lee Dunable 4/1/05 850-685-0988 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					