

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90173 015 ****50.00



DOCUMENT # L04000078790
 1. Entity Name
 243 DUTTON INTERESTS, LLC

Principal Place of Business
 1275 LAKE HEATHROW LANE
 HEATHROW, FL 32746

Mailing Address
 1275 LAKE HEATHROW LANE
 HEATHROW, FL 32746

4000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01242007 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROECKER, R. PAUL
 1275 LAKE HEATHROW LANE
 HEATHROW, FL 32746

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	APOSTOLICAS, GEORGE	
STREET ADDRESS	1275 LAKE HEATHROW LANE	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roecker, Paul	
STREET ADDRESS	1275 Lake Heathrow Lane	
CITY-ST-ZIP	Heathrow, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Paul Roecker 1-25-07 407 333 1400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #