


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90321 009 ****50.00

DOCUMENT # L04000082318				
1. Entity Name DING LLC				
Principal Place of Business 14225 N BAYSHORE DR #8 MADEIRA BEACH, FL 33708		Mailing Address 115 BRIGHTWATER DR CLEARWATER BEACH, FL 33767		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent DAVIES, GEORGE C 115 BRIGHTWATER DR CLEARWATER BEACH, FL 33767				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 _____ DATE _____ <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 September 7, 2005		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKS, DAWN D	NAME		
STREET ADDRESS	115 BRIGHTWATER DR	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKS, IRWIN J	NAME		
STREET ADDRESS	115 BRIGHTWATER DR	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIES, NANCY M	NAME		
STREET ADDRESS	115 BRIGHTWATER DR	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIES, GEORGE C	NAME		
STREET ADDRESS	115 BRIGHTWATER DR	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
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CITY-ST-ZIP		CITY-ST-ZIP		
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NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: <i>Dawn D. Marks</i>		Date: <i>6.10.05</i> Daytime Phone #: <i>727.446.6562</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <i>DAWN D. MARKS</i>				

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06082005 Chg-LLC CR2E083 (10/03)

4. FEI Number *42-1650452* Applied For Not Applicable

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