


**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	4. FEI Number 42-1650452
6. Name and Address of Current Registered Agent DAVIES, GEORGE C 115 BRIGHTWATER DR CLEARWATER BEACH, FL 33767				Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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.				06082005 Chg-LLC CR2E083 (10/03)
SIGNATURE _____				DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
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 MARKS, DAWN D 115 BRIGHTWATER DR CLEARWATER BEACH, FL 33767	<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 MARKS, IRWIN J 115 BRIGHTWATER DR CLEARWATER BEACH, FL 33767	<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 DAVIES, NANCY M 115 BRIGHTWATER DR CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Dawn D. Marks</i>		Date: 6.10.05 Daytime Phone #: 727.446.6562		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAWN D. MARKS				

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