


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

<b>DOCUMENT # L04000082318</b>				
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 <b>42-1650452</b>
6. Name and Address of Current Registered Agent <b>DAVIES, GEORGE C 115 BRIGHTWATER DR CLEARWATER BEACH, FL 33767</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>	
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		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.				
<b>SIGNATURE:</b> <i>Dawn D. Marks</i>		Date: <b>6.10.05</b> Daytime Phone #: <b>727.446.6562</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>DAWN D. MARKS</b>				

20000100



06082005 Chg-LLC CR2E083 (10/03)

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

Applied For  
Not Applicable

**FL** Zip Code