2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2006
Secretary of State

DOCUMENT# L05000002313

Entity Name: DENSON, LLC

Current Principal Place of Business:

P. O. BOX 2145
ENGLEWOOD, FL 34295 US

New Principal Place of Business:

6262 FAVIAN ROAD
NORTH PORT, FL 34287 US

Current Mailing Address:

P. O. BOX 2145
ENGLEWOOD, FL 34295 US

New Mailing Address:

6262 FAVIAN ROAD
NORTH PORT, FL 34287 US

FEI Number: 20-2137443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CROUSE, RICHARD B
978 DOUGLAS AVE
102
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DENSON, JONATHAN C
Address: P O BOX 2145
City-St-Zip: ENGLEWOOD, FL 34295 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DENSON, JONATHAN C
Address: 6262 FAVIAN ROAD
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGRM ( ) Change (X) Addition
Name: DENSON, CRYSTAL
Address: 6262 FAVIAN ROAD
City-St-Zip: NORTH PORT, FL 34287 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRYSTAL DENSON MGRM 06/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date