2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90049 032 ****55.00

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1. Entity Name
DECK FX LLC

Principal Place of Business	Mailing Address
1040 HWY 98E STE 1111 DESTIN, FL 32541 US	P.O. BOX 1261 DESTIN, FL 32540 US

01042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1063 Windmill Dr.		P.O. Box 1835	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Walton Beach, FL		City & State: Ft. Walton Beach, FL	
Zip: 32547	Country: USA	Zip: 32549	Country: USA

4. FEI Number: 68-0522085 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRITZ, JOSEPH A SR.
1040 HWY 98E
STE 1111
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name: Joseph A. Tritz Sr.
Street Address (P.O. Box Number is Not Acceptable): 1063 Windmill Dr.
City: Ft. Walton Beach FL Zip Code: 32547

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	TRITZ, JOSEPH A SR.		NAME		
STREET ADDRESS	1040 HWY 98E STE 1111		STREET ADDRESS	1063 Windmill Dr.	
CITY ST ZIP	DESTIN, FL 32541		CITY ST ZIP	Ft. Walton Beach, FL 32547	
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	TRITZ, TERRI L		NAME		
STREET ADDRESS	1040 HWY 98E STE 1111		STREET ADDRESS	1063 Windmill Dr.	
CITY ST ZIP	DESTIN, FL 32541		CITY ST ZIP	Ft. Walton Beach, FL 32547	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: Terri L. Tritz 1/4/06 850-862-7548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #