

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000016923

**Entity Name:** DURER TECHNICAL LLC

**FILED**  
**Mar 01, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 1179  
HAINES CITY, FL 338451179

**New Principal Place of Business:**

128 TERRACE DR  
UNIT 11  
HAINES CITY, FL 33844

**Current Mailing Address:**

PO BOX 1179  
HAINES CITY, FL 338451179

**New Mailing Address:**

**FEI Number:** 16-1718155      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOGLE, DAVID F  
128 TERRACE DRIVE APT. 11  
HAINES CITY, FL 33844      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: MGR      ( ) Delete  
Name: BOGLE, DAVID F  
Address: 128 TERRACE DR. APT. 11  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MR. DAVID F. BOGLE

MGR

03/01/2007

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