


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90020 034 \*\*\*\*55.00

<b>DOCUMENT #</b> L05000020600	
1. Entity Name <b>MARTY DRUSE, LLC</b>	

Principal Place of Business <b>15781 NE 236TH STREET FORT MCCOY, FL 32134 US</b>	Mailing Address <b>15781 NE 236TH STREET FORT MCCOY, FL 32134 US</b>
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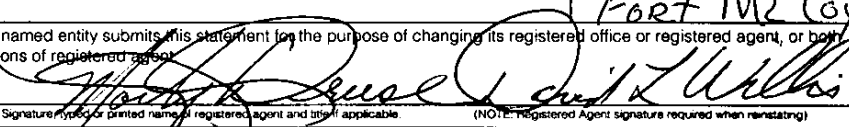
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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02222006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>721595336</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	
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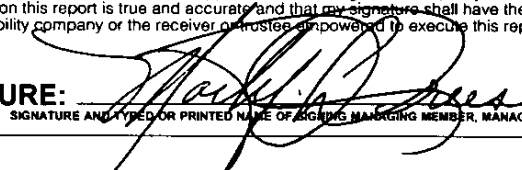
7. Name and Address of New Registered Agent  Name <b>DAVID L WILLIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>15781 NE 236 ST</b> City <b>Fort McCoy</b> FL Zip Code <b>32134</b>	
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8. The above named entity submits this statement for 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 <b>3/14/06</b>

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DRUSE, MARTY 15781 NE 236TH STREET FORT MCCOY, FL 32134</b> <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
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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: 	DATE <b>3/14/06</b> DAYTIME PHONE # <b>352-546-4314</b>