


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State


01-24-2007 90049 027 ****50.00

DOCUMENT # L05000041810	
1. Entity Name DUATO HOLDINGS, L.L.C.	

Principal Place of Business 6708 SURFSIDE BLVD APOLLO BEACH, FL 33572-3038	Mailing Address 6708 SURFSIDE BLVD APOLLO BEACH, FL 33572-3038
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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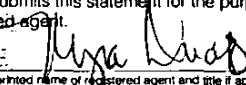
01142007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2847156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent EDDY, ROBERT K 808 W. DELEON STREET TAMPA, FL 33606	
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7. Name and Address of New Registered Agent Name MYRA DUATO Street Address (P.O. Box Number is Not Acceptable) 6708 Surfside Blvd City APOLLO Beach FL Zip Code 33572	
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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.

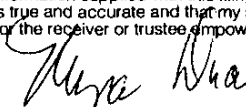
SIGNATURE  **MYRA DUATO** DATE **1-21-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUATO, ROBERT 6708 SURFSIDE BLVD APOLLO BEACH, FL 335723038 <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	MGRM DUATO, MYRA 6708 SURFSIDE BLVD APOLLO BEACH, FL 335723038 <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:  **MYRA DUATO, mgrm** DATE **1-21-07** DAYTIME PHONE # **8136451169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE