

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/31

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90158 041 \*\*\*\*50.00

30001188



01052006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000050488</b>					
1. Entity Name DONNELL ROAD, LLC					
Principal Place of Business 818 NORTH DIXIE HIGHWAY, #5 LAKE WORTH, FL 33460			Mailing Address 818 NORTH DIXIE HIGHWAY, #5 LAKE WORTH, FL 33460		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Filing Number 119-1670088	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEVENS, CHRIS 818 NORTH DIXIE HIGHWAY, #5 LAKE WORTH, FL 33460				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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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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	
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, 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 and am authorized to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE:			119/16 561-547-6001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

CHRIS STEVENS

ATTACH me w/ T.



30001188

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2006

DONNELL ROAD, LLC  
818 NORTH DIXIE HIGHWAY, #5  
LAKE WORTH, FL 33460

Subject: **DONNELL ROAD, LLC**

Reference Number:

**L05000050488**

2/21/06

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

*corrected*  
Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

*see attached*

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

