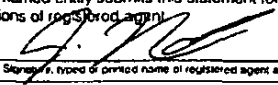


FILED
Jul 17, 2006 8:00 am
Secretary of State

05-19-2006 90168 042 ****55.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000050869			
1. Entity Name DURNEY, LLC			
Principal Place of Business 4306 LAS VEGAS DRIVE NEW PORT RICHEY, FL 34653		Mailing Address 4306 LAS VEGAS DRIVE NEW PORT RICHEY, FL 34653	
2. Principal Place of Business 7918 COTA LA. Suits, Apt. #, etc. NEW PORT RICHEY City & State FL Zip 34653		3. Mailing Address 7918 COTA LA Suits, Apt. #, etc. NEW PORT RICHEY City & State FL Zip 34653	
Country PASCO		Country PASCO	
4. FEI Number 20-3312141		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NOTTE, JAMES N 4306 LAS VEGAS DRIVE NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name JAMES NOTTE Street Address (P.O. Box Number is Not Acceptable) 7918 COTA LA NEW PORT RICHEY City FL Zip Code 34653	
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 3-9-06 Signature is typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	MGR NOTTE, JAMES N 4306 LAS VEGAS DRIVE NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER JAMES NOTTE 7918 COTA LA NEW PORT RICHEY FL 34653 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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.			