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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

30011947

Principal Place of Business	Mailing Address
4306 LAS VEGAS DRIVE NEW PORT RICHEY, FL 34653	4306 LAS VEGAS DRIVE NEW PORT RICHEY, FL 34653

2. Principal Place of Business		3. Mailing Address	
7918 CEOTA LA.		7918 LEOTA LA	
Suite, Apt. #, etc. New PORT R'Chey		Suite, Apt. #, etc. NeW PORT R. Chey	
City & State Fl.		City & State Fl.	
Zip 34653	Country PASCO	Zip 34653	Country PASCO

03092006 Chg-LLC CR2E083 (11/05)

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	7. Name and Address of New Registered Agent
NOTTE, JAMES N 4306 LAS VEGAS DRIVE NEW PORT RICHEY, FL 34653	Name JAMES NOTTE Street Address (P.O. Box Number is Not Acceptable) 7918 CEOTA LA. City New PORT R.'Chey 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 [signature] 3-9-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 CEOTA LA. New PORT R.'CHEY 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
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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.