## 2007 LIMITED LIABILITY COMPANY

**FILED** Apr 30, 2007 08:00 Al Secretary of State

407-

Daytime Phone #

628-0008

ANNUAL REPORT			
DOCUMENT # L05000065  1. Entity Name DUANE & ASSOCIATES, LLC	5091		
Principal Place of Business 1442 PALM AVENUE WINTER PARK, FL 32789	Mailing Address 1442 PALM AVENUE WINTER PARK, FL 32789		



## DO NOT WRITE IN THIS SPACE

04272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For 20-3078823 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DUANE, MARY ELLEN 1442 PALM AVENUE WINTER PARK, FL 32789

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE		
•	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE
F	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUANE, MARY ELLEN 1442 PALM AVENUE WINTER PARK, FL 32789	U00000743450 50.15707-80109-018
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		

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