2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2007
Secretary of State

DOCUMENT# L05000067225

Entity Name: DUKES SIGNATURE HOMES LLC

Current Principal Place of Business:

4461 SW HAGAPLAN ST
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

4461 SW HAGAPLAN ST
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 03-0569676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUKES, DERRICK
4461 SW HAGAPLAN ST
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DUKES, DERRICK	
Address:	4461 SW HAGAPLAN ST	
City-St-Zip:	PORT SAINT LUCIE, FL 34953 US	
Title:	MGR	( ) Delete
Name:	DUKES, ANNETTE	
Address:	4461 SW HAGAPLAN ST	
City-St-Zip:	PORT SAINT LUCIE, FL 34953 US	
Title:	MGR	( ) Delete
Name:	DUKES, JAYDEN L	
Address:	4461 SW HAGAPLAN ST	
City-St-Zip:	PORT SAINT LUCIE, FL 34953 US	
Title:	MGR	( ) Delete
Name:	DUKES, JORDAN S	
Address:	4461 SW HAGAPLAN ST	
City-St-Zip:	PORT SAINT LUCIE, FL 34953 US	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	( ) Change (X) Addition
Name:	DUKES, JASMINE L	
Address:	4461 SW HAGAPLAN ST	
City-St-Zip:	PORT SANIT LUCIE, FL 34953 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DERRICK DUKES MGR 08/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date