

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074020

Entity Name: DUALITLES, L.L.C.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

5202 WISHART BLVD.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5202 WISHART BLVD.
TAMPA, FL 33603

New Mailing Address:

FEI Number: 76-0797508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLMAN, JOHN
5202 WISHART BLVD.
TAMPA, FL 33603 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: WHALEN, MICHELLE
Address: 1511 E. PARK CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: MGRM () Delete
Name: KITTO, JOHNNY
Address: 1511 E. PARK CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: MGRM () Delete
Name: ALLMAN, JOHN
Address: 5202 WISHART BLVD.
City-St-Zip: TAMPA, FL 33603

Title: MGRM () Delete
Name: BETTIS, TRISHA
Address: 5202 WISHART BLVD.
City-St-Zip: TAMPA, FL 33603

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN W. ALLMAN

MGRM

04/21/2006

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