2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L05000084832

Entity Name: DEBAUFRE LLC

Current Principal Place of Business:

4142 MARINER BLVD #521
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

4142 MARINER BLVD #521
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 20-3366291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNEWITZ, ELSA
14489 MIDDLE FAIRWAY DR.
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

KNEWITZ, ALLDARON
334 EAST LAKE ROAD #186
PALM HARBOR, FL 34685 US

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: ALLDARON KNEWITZ 01/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KNEWITZ, ALLDARON
Address: 334 EAST LAKE ROAD #186
City-St-Zip: PALM HARBOR, FL 34685

Title: MGR (X) Delete
Name: KNEWITZ, JON D
Address: 14489 MIDDLE FAIRWAY DR
City-St-Zip: SPRING HILL, FL 34609

Title: MGR (X) Delete
Name: KNEWITZ, ELSA
Address: 14489 MIDDLE FAIRWAY DR
City-St-Zip: SPRING HILL, FL 34609

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:

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: ALLDARON KNEWITZ MGR 01/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date