

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

47. **FILED**
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90037 042 ****50.00

DOCUMENT # L05000101519					
1. Entity Name DUBALL SERVICES, LLC					
Principal Place of Business 4487 ESSEX LN. SPRING HILL, FL 34606			Mailing Address 4487 ESSEX LN. SPRING HILL, FL 34606		
2. Principal Place of Business 1014 Lovely LN		3. Mailing Address 1014 Lovely LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State North Fort Myers FL		City & State North Fort Myers, FL		4. FEI Number 20-4842154	
Zip 33903		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LASTRE, ALVARO L 4487 ESSEX LN. SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1014 LOVELY LN City N. Fort Myers FL Zip Code 33903		
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 <u>Alvaro L. Lastre</u> (NOTE: Registered Agent signature required when re-registering) DATE <u>04/18/06</u>					
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	MGRM LASTRE, ALVARO L 4487 ESSEX LN. SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1014 Lovely LN N. Fort Myers, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u>Alvaro L. Lastre</u>			DATE <u>04/18/06</u> (339) 243-6877		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					