2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 21, 2006 8:00 am Secretary of State

DOCUMENT # L05000108892 1. Entity Name DUDLEY BOYS II, LLC					08-09-2006 90094 048 ****50.00				
Principal Place of Business 11478 PINE STREET JACKSONVILLE, FL 32258		Mailing Address 11478 PINE STREET JACKSONVILLE, FL 32258			AAATWATA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032006	Chg-LLC	CR2E	083 (11/05)		
City & State		City & State			4. FEI Numb	nber 1-3757834			optied For ot Applicable
Zip	Country	Zip Count		ry		of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current F	Registered Agent		N	7. Name an	d Address of New F	beretsiges	Agent	
	ON,BOND & LATSHAW, P.A. TH THIRD STREET	Street Address			P.O. Box Number is Not Acceptable)				
· · · · · · · · · · · · · · · · · · ·	VILLE BEACH, FL 32250								
		City			FL Zip Code				
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its n	egistere	d office or register	ed agent, or bo	oth, in the State of Fk	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registored agent as	nd title if applicable. (NOTE:	Pegistered	Agent signature required	when reinstating)		DATE		
Fil Due t	ing Fee is \$50.00 by September 6, 2006						te check p s Departm	payable to sent of Stat	•
9.	MANAGING MEMBER	S/MANAGERS 10.			J	ADDITIONS	CHANGES		
TITLE NAME	MGRM DUDLEY, JOHNNY L	☐ Delete	TITLE	. }				☐ Change	Addition
STREET ADDRESS CITY-ST-ZP	11478 PINE STREET JACKSONVILLE, FL 32258		•	T ADORESS ST-ZIP					
TIFLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-7IP					
TITLE NAME		☐ Delete	TITLE	I .				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	Ī			T ADDRESS ST-ZIP					
TITLE		Oelete	IIITE					☐ Change	Addition
name Street address City-S1+ZIP			•	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	-		STREE CITY -:	T ADDRESS	•				
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-7JP				T ADDRESS					
11. I hereby o	entify that the information supplied with t on this report is true and alcurate and the	nat my signature shall have th	he exeme	nptions contained in legal effect as if my	ade under oath	r that lamia manan	rther centily	that the infor	mation r of the
limited liability company or the recolder or trustee empawered to execute this report as required by Chapter 808, Florida Statutes.									