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Aug 07, 2006 8:00 am
Secretary of State
07-19-2006 90092 018 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111518

1. Entity Name
DUNCAN & CHESAPEAKE, LLC

Principal Place of Business
4041-B NW 37TH PLACE
GAINESVILLE, FL 32606

Mailing Address
4041-B NW 37TH PLACE
GAINESVILLE, FL 32606

07122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	24713 Kings Valley Rd
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State ~~Dematus~~ Damascus, MD
Zip / Country	Zip 20872 / Country

4. FEI Number 84-1698755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SAIER, FRANK P
4041-B NW 37TH PLACE
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRATZEL, WENDY 3909 NEWBERRY ROAD GAINESVILLE, FL 32607	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KRISTIN D 24713 KINGS VALLEY ROAD ~~DEMATUS, MD 20872~~ DAMASCUS, MD 20872	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Manager 7/12/06 (301)253-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #