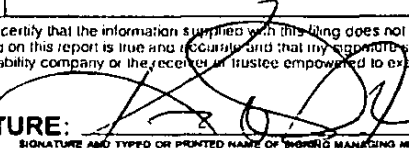


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7 **FILED**
Aug 07, 2006 8:00 am
Secretary of State

07-19-2006 90092 018 ****50.00

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	
2. Principal Place of Business		3. Mailing Address 24713 Kings Valley Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Damascus MD	
Zip	Country	Zip 20872	Country
		4. FEI Number 84-1698755	
		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 _____ (NOTE: Registered Agent signature required when re-registering) 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 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
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
11. I hereby certify that the information furnished 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: 		Date 7/12/06 (301) 253-4030	