

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006317

Entity Name: DUBOSE VENTURES, LLC

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

P. O. BOX 1041  
FT.LAUDERDALE, FL 33311

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 1041  
FT.LAUDERDALE, FL 33311

## New Mailing Address:

FEI Number: 20-4133033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DUBOSE, BOBBY  
3333 COCO PLUM CIRCLE  
COCONUT CREEK, FL 33063      US

## Name and Address of New Registered Agent:

DUBOSE, BOBBY  
429 NW 11TH TER  
FORT LAUDERDALE, FL 33311      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:

05/01/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: DUBOSE, BOBBY  
Address: P. O. BOX 1041  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGRM      ( ) Delete  
Name: DUBOSE, YVETTE  
Address: P. O. BOX 1041  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

## ADDITIONS/CHANGES:

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: BOBBY DUBOSE

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date