


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90029 021 \*\*\*\*50.00

<b>DOCUMENT # L06000012344</b> 1. Entity Name <b>DES PLANE, LLC</b>					
Principal Place of Business <b>110 EAST BROADWAY STREET OVIEDO, FL 32765</b>			Mailing Address <b>POST OFFICE BOX 620460 OVIEDO, FL 32762-0460</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 621758</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Oviedo, FL</b> Zip      Country <b>32762-1758      U.S.A.</b>		4. FEI Number <b>92-1703255</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>EVANS, DAVID L SR. 110 EAST BROADWAY STREET OVIEDO, FL 32765</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EVANS, DAVID L SR. 110 EAST BROADWAY STREET OVIEDO, FL 32765</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>David L Evans Sr.</u> <u>4/25/07</u> <u>407-446-1657</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					