

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043032

FILED
May 02, 2007
Secretary of State

Entity Name: VAN DUSEN & VAN DUSEN, LLC

Current Principal Place of Business:

P.O. BOX 49094
JACKSONVILLE BEACH, FL 32266 US

New Principal Place of Business:

131 32ND AVENUE S.
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

P.O. BOX 49094
JACKSONVILLE BEACH, FL 32266 US

New Mailing Address:

P.O. BOX 49094
JACKSONVILLE BEACH, FL 32240 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

PATTERSON, ANDERSON & FELDMAN, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

VANDUSEN, ROGER A
131 32ND AVENUE S.
JACKSONVILLE BEACH, FL 32250 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: ROGER A. VANDUSEN

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAN DUSEN, ROGER
Address: 131 - 32ND AVENUE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

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: ROGER A. VANDUSEN

MGRM

05/02/2007

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