### **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L06000080527

DAVID DUFF RESIDENTIAL DESIGN, LLC



**FILED** Jul 07, 2008 08:00 AM **Secretary of State** 

Principal Place of Business

181 CIRCLE DRIVE

MAITLAND, FL 32751 US

Mailing Address

181 CIRCLE DRIVE

MAITLAND, FL 32751

US



01032008 No Chg-LLC

CR2E083 (12/07)

4. FE! Number 20-5384653

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, RENEE 1100 RIDGE ROAD LONGWOOD, FL 32750

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8.	. The above named entity submits this	statement for the purpose of cha	anging its registered office or registe	red agent, or both, in the State o	f Florida. I am familiar with	, and accept
	the obligations of registered agent.					

**SIGNATURE** 

Signature, typed or printed name of registered attent and title if applicable

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CHY-ST-ZIP	MGR DUFF, DAVID 1818 LINDEN ROAD WINTER PARK, FL 32789				
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
NAME STREET ADDRESS CITY-ST-VIP					

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11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING N EMBER, OR AUTHORIZED REPRESENTATIVE

MALIACER