2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L07000009846



Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90056 003 ***138.75

FILED

Residence of Desirence Making Address	ROLÁND DUYN ENTERPRISE, LLC										
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State A. FEI Number Mappined For Applied For Non-Application	1435 E. VENICE AVE. #104 PMN #246		1435 E. VENICE AVE. #104 PMN #246			l return e	11 23 0) i tu ii 20 14 0	e n orm vok orm ki		101 IR (TO)	
City & State City & State City & City & State City &	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired \$5.00 Applicable \$5.00	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112008	Chg-LLC	CR2E0	83 (12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent 1. Name and Address (P O Box Number is Not Acceptable) 1. North Port FL Zip Code 3. 42. 86 3. Name and Address of Number is Not Acceptable. 1. Name and Address of Number is Not Acceptable. 1. Name and Address of Number is Not Acceptable. 1. Name and Address (P O Box Number is Not Acceptable.) 1. Name and Address (P O Box Number is Not Acceptable.) 1. Name and Address (P O Box Number is Not Acceptable.) 1. Name and Address (P O Box Number is Not Acceptable.) 1. Name and Address (P O Box Number is Not Acceptable.) 1. Name and Address (P O Box Number is Not Acceptable.) 1. Name and Address (P O Box Number is Not Acceptable.) 1. Name and Address (P O Box Number is Not Acceptable.) 1. Name and Address (P O Box Number is Not Acceptable.) 1. Name and Address of Plot Agent is Not Acceptable.) 1. Name and Address of Plot Agent is Not Acceptable.) 1. Name and Address of Plot Agent is Not	City & State		City & State		4. FEI Numb	oer		نـــــــــــــــــــــــــــــــــــــ			
Name Color Duyn Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		5. Certificate	e of Status Des				
DUNN, KATHERYNE 2152 CHYNN AVENUE NORTH PORT, FL 34286 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 deligations of registered agent are time deligations of registered agent. SIGNATURE **TILE NOWITH FEE IS'\$138.75 **After May 1, 2008 Fee will be \$538.75 **INANAGING MEMBERS/MANAGERS** ITILE MARCHANAGING MEMBERS/MANAGERS* ITILE MARCHANAGI		6. Name and Address of Current F	<u> </u>			7. Name and Address of New Registered Agent					
NORTH PORT, FL 34286 2.152 Chynn Avenue. City North Port FL 34286 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 applications of registered agent, and provided agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the applications of registered agent, and provided agent and the faquitation. SIGNATURE FILE NOWITI FEE Is'\$138.75 After May 1, 2008 Fee will be \$338.75 Find 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 purpose of			<u> </u>		<u> </u>						
8. The above named entity submis his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State TITLE Delete			<u> </u>					· · · · · · · · · · · · · · · · · · ·			
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 FILE NOWIII FEE IS:\$138.75									Zip Code		
SIGNATURE FILE MOWIII FEE IS:\$1.38.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	8. The above	named entity submits this statement for	the purpose of changing its re		NOT				347	286	
Speciment rygode or dreaded minor displaced agent above the right packed by the state of Florida Department of of Florida Dep											
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE MGRM DUYN, ROLAND NAME DUYN, ROLAND NAME STRETA JODRESS CITY-ST-ZIP NORTH PORT, FL 34286 TILE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAM	SIGNATURE										
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET ADDRESS CITY-S							F	-	-	•	
NAME STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDIT	IONS/CHANGES			
STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE	TITLE	MGRM	☐ Delete	TITLE			-		Change	☐ Addition	
CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CIT	_	· ·									
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-S					l l						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A		NORTH PORT, FL 34286		4	· ZIP			 ·_ _		CT Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT			L Detete		1				change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST					ADDRESS						
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-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CITY-ST-ZIP			CITY-ST	r-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	TITLE		☐ Delete	TITLE					☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL											
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T					1 1					•	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES				_	- ZIP					<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z			∟ Delete		j				L Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 path; that I am a managing member or manager of the					ADDRESS						
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-ST-ZIP 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 path; that I am a managing member or manager of the	CITY-ST-ZIP			CITY-ST	1-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 path; that I am a managing member or manager of the	TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition	
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 path; that I am a managing member or manager of the	NAME			NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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 path; that I am a managing member or manager of the											
NAME STREET ADDRESS CITY-ST-ZIP 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 path; that I am a managing member or manager of the				-	1-ZIP						
STREET ADDRESS CITY-ST-ZIP 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 path; that I am a managing member or manager of the			☐ Delete						∐ Change	∐ Addition	
CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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 path; that I am a managing member or manager of the					ADDRESS						
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.	indicated	on this report is true and accurate and	that my signature shall have th	ne same le	egal effect as if m	nade under oat	th: that I am a	es. I further certify managing membe	that the info	rmation er of the	