2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # L97000001446 1. Entity Name

DUBEAU LIMITED LIABILITY COMPANY

Principal Place of Business



FILED Mar 09, 2004 8:00 am Secretary of State

03-09-2004 90290 033 ****50.00



ATTN MICH. 10 ROBERT PENETANG,	STREET EA		ATTN MICHAEL BUBEAU 10 ROBERT STREET EAST PENETANG, ONTARIO, CANADA L9MIL-6			I INDIVENTENDE NOM INDIVIDUAL ERRI			, [6]	
2. Principal Place of Business 3			3. Mailing Address							
Suite, Apt. #. etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE	CR2E083	(11/03)	
City & State	е		City & State				4. FEI Number NO-T APPL	ICABLE	<u> </u>	plied For t Applicable
Zip		Country	Zip Country				5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name	and Address of Current R	egistered Agent				7. Name and Address of New F	Registered Ag	ent	
					Name					
C/C 800	NORTH	CA FLORIDA REALT HIGHLAND AVEUE	INC. SUITE 201		Street Address (P.O. Box Number is Not Acceptable)					
ORL	ANDO F	L 32803	1		City			FL	Zìp Code	,
the obligat	ions of regis		the purpose of changing it	s registere	ed office or	r register	ed agent, or both, in the State of Fl	orida. I am fa	miliar with, a	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	id title if applicable. (NO	TE: Registered	d Agent signat	ure required	when reinstating)	DATE		
en la tradición de la companya de l			FILE N Make Check Payal Di	OW!!! I ble to Flo ue By Ma	EE IS \$ orida Dej ay 1, 200	50.00 partmei				
9.		MANAGING MEMBER	RS/MANAGERS	10.		,		/CHANGES	. /	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	359 FIFTH	BRIAN PAUL I STREET , ONTARIO L4R 3W7	☐ Delete			18	RM BEGK BRIAN BECK BLUD. NGTANGUISME	rauci	Change'	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	35 ANNE	MICHAEL W STREET GUISHENE, ONTARIO	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	23 DUFFE	JAMES ALBERT RIN STREET GUISHENE, ONTARIO	X Delete			MG D43 30 P4	RM SEAU, TARRANCE ANNE STREKI VETANGUISHEN	5696P# - U E	□ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The state of the s	☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and if the state of	o information transland with	□ Delete	CITY	ie Eet address '-st-zip	ted in Sc	ection 119.07(3)(i), Florida Statutes		Change	Addition
indicated	certify that if	it is true and accurate and i	tris illing does not quality t that my signature shall hav	or Bild EXE e the same	aupuun Sid	neu m oe ect as if n	nade under oath: that I am a mana	. 1 IUI II IET CETU Inina member	ormanade	r of the

indicated on this report is rule and accorate and that my signature shart have the same legal effect as it made under oath, that it a limited liability companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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