


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000009240</b> 1. Entity Name DUGGAN, JOINER FINANCIAL GROUP, LLC	
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Principal Place of Business 334 N.W. 3RD AVENUE OCALA, FL 34475	Mailing Address 334 N.W. 3RD AVENUE OCALA, FL 34475
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**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3644315	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  DANIELS JR, O H 334 N.W. 3RD AVENUE OCALA, FL 34475	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIELS, O.H. JR 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLED SOE, R. PHILLIP 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, LAURA J 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANCASTER, PATRICIA A 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMPTON, JAMIE S 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000238847  
02/22/05-80017-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:** 

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

Date

Daytime Phone #