

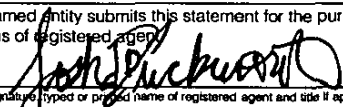
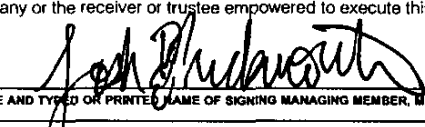


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90042 025 ****55.00

DOCUMENT # M05000003997					
1. Entity Name DUCKWORTH BUILDING & INVESTMENTS, LLC					
Principal Place of Business 11760 T. DRIVE NORTH BATTLE CREEK, MI 49014			Mailing Address 11760 T. DRIVE NORTH BATTLE CREEK, MI 49014		
2. Principal Place of Business 11246 Distribution Ave East Suite, Apt. #, etc. Suite # 3 City & State Jacksonville, FL Zip 32256 Country USA		3. Mailing Address 14286-19 Beach Blvd Suite, Apt. #, etc. Box # 330 City & State Jacksonville, FL Zip 32250 Country USA			
04272006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-2886361	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent LINDOW, JANNINE I 200 COLONY POINT ROAD SOUTH ST. PETERSBURG, FL 33705			7. Name and Address of New Registered Agent Name Joshua Duckworth Street Address (P.O. Box Number is Not Acceptable) 3649 Marsh Park Court City Jacksonville FL Zip Code 32250		
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  DATE 4/27/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUCKWORTH, JOSHUA 11760 T. DRIVE NORTH BATTLE CREEK, MI 49014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3649 Marsh Park Court Jacksonville, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 			Date 4/27/2006 Daytime Phone # 904.370.4002		