

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081660

Entity Name: DEBAR INVESTMENTS, LLC

FILED
Feb 12, 2006
Secretary of State

Current Principal Place of Business:

2310 CALEDONIAN ST.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

400 ORLANDO AVE.
APT 11-C
OCOE, FL 34761

New Mailing Address:

400 ORLANDO AVE.
UNIT 11-C
OCOE, FL 34761

FEI Number: 20-2585040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTON, JOHN L
400 ORLANDO AVE.
APT 11-C
OCOE, FL 34761 US

Name and Address of New Registered Agent:

BARTON, JOHN L
400 ORLANDO AVE.
UNIT 11-C
OCOE, FL 34761 US

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.

SIGNATURE:

02/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARTON, JOHN L
Address: 400 ORLANDO AVE. APT 11-C
City-St-Zip: OCOE, FL 34761

Title: MGRM () Delete
Name: RHEN, PATRICIA
Address: 2310 CALEDONIAN ST.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARTON, JOHN L
Address: 400 ORLANDO AVE. UNIT 11-C
City-St-Zip: OCOE, FL 34761

Title: MGRM (X) Change () Addition
Name: RHEN, PATRICIA A
Address: 2310 CALEDONIAN ST.
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN L. BARTON

MGRM

02/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date