


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

08-09-2007 90019 009 \*\*\*\*50.00

**DOCUMENT # L06000034362**

1. Entity Name  
**D R & ASSOCIATES OF SANTA ROSA BEACH, LLC**



Principal Place of Business      Mailing Address  
**502 W. HARBORVIEW ROAD**      **502 W. HARBORVIEW ROAD**  
**SANTA ROSA BEACH FL 32459**      **SANTA ROSA BEACH FL 32459**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**502 W. Harborview Rd.**      **502 W. Harborview Rd.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

2nd MOORE      CR2E083 (4/07)

City & State      City & State  
**Santa Rosa Beach**      **FL.**

Zip      Country      Zip      Country  
**32459**           **32459**           **32459**           **32459**           **32459**           **32459**           **32459**           **32459**           **32459**

4. FEI Number      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LALUMANDIER, DOUG**  
**502 W. HARBORVIEW ROAD**  
**SANTA ROSA BEACH FL 32459**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>LALUMANDIER, DOUG</b>	
STREET ADDRESS	<b>502 W. HARBORVIEW ROAD</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *D Lalumandier*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

08-06-77 850-585-1934  
 Date      Daytime Phone #