

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000034362  
 1. Entity Name  
 D R & ASSOCIATES OF SANTA ROSA BEACH, LLC



Principal Place of Business  
 502 W. HARBORVIEW ROAD  
 SANTA ROSA BEACH, FL 32459

Mailing Address  
 502 W. HARBORVIEW ROAD  
 SANTA ROSA BEACH, FL 32459



03292008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>NOT APPLICABLE                           | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

8. The above named agent or both, in the State of Florida, I am familiar with, and accept the obligations

SIGNATURE \_\_\_\_\_  
Sign

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LALUMANDIER, DOUG<br>502 W. HARBORVIEW ROAD<br>SANTA ROSA BEACH, FL 32459 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

U00000918697  
 05/13/08-80093-002 138.75

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: *Doug Lalumandier* 4/15/08 850-5851935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #