


# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION

09 MAY -1 AM 11: 36

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
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03292008No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For 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 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 \$138.75  
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LALUMANDIER, DOUG 502 W. HARBORVIEW ROAD SANTA ROSA BEACH, FL 32459
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05/28/09--01020--018 \*\*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 *D. Lalumandier*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

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