## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

## Mar 17, 2006 08:00 AM Secretary of State **DOCUMENT # L01000021449** 1. Entity Name DNR, LLC Mailing Address Principal Place of Business 17898 ABERDEEN WAY 17898 ABERDEEN WAY 80CA RATON, FL 33496 BOCA RATON, FL 33496 01122006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0557015 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STEIN, SCOTT H CPA DO NOT WRITE 560 VILLAGE BLVD. STE 335 WEST PALM BEACH, FL 33409 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulted when reinstannia) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MOR me RUSSELL DAVID NAME STREET ADDRESS 17898 ABERDEEN WAY OTY-57-70 BOCA RATON, FL 33496 TITLE 000000471627 03/23/06-80004-009 50.00 NAME STREET ADDRESS CITY-SI-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BILE IN THIS SPACE NAME STREET ADDRESS COTY-ST-ZIP 31777 NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling does not quality 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 it 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 AND TYPED OF PRINTED MAPE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED