## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 14, 2005 08:00 AM Secretary of State DOCUMENT # L01000021458 1. Entity Name D.B.D.M., L.C. Principal Place of Business Mailing Address 4681 UNIVERSITY BLVD. N. Jacksonville, FL 32277 4681 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32277 01252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HARRIS, DARRYL 4681 UNIVERSITY BLVD. N JACKSONVILLE, FL 32277 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature regulted when reinstating) Filing Fee is \$50.00 11 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGR TITLE HARRIS, DARRYL NAME STREET ADDRESS 4681 UNIVERSITY BLVD. N. CITY-ST-ZIP JACKSONVILLE, FL 32277 MGR TITLE HARRIS, LORETTA NAME 4681 UNIVERSITY BLVD. N. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 U0U000263119 03/14/05-80085-001 50.00 ше STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS žΑ CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Mary