2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# L02000014187

Entity Name: DEBRAY AND ASSOCIATES, LLC

Current Principal Place of Business:

4648 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

423 WINDWARD WAY
DAVENPORT, FL 33837 US

New Mailing Address:

FEI Number: 48-1263976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREDERICKS, RAY
3700 US HIGHWAY 17 92 LOT E13
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	FREDERICKS, DEBORAH J	
Address:	423 WINDWARD WAY	
City-St-Zip:	DAVENPORT, FL 33837	
Title:	MGR	( ) Delete
Name:	FREDERICKS, RAY E	
Address:	3700 US HIGHWAY 17 92 LOT E13	
City-St-Zip:	DAVENPORT, FL 33837	
Title:	MGR	( ) Delete
Name:	FREDERICKS, ADAM E	
Address:	4648 S. ORANGE BLOSSOM TRAIL	
City-St-Zip:	KISSIMMEE, FL 34746	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBORAH J FREDERICKS MGR 04/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date