


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90101 018 ****50.00

DOCUMENT # L02000023377		
1. Entity Name D & D OF DEBARY, LLC		

Principal Place of Business 333 CADDIE DRIVE DEBARY, FL 32713	Mailing Address 333 CADDIE DRIVE DEBARY, FL 32713
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20003383

2. Principal Place of Business 232 HAMMOCK OAK CIR	3. Mailing Address 232 HAMMOCK OAK CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01202005 Chg-LLC CR2E083 (10/03)

City & State DEBARY, FL	City & State DEBARY, FL
Zip 32713	Zip 32713
Country USA	Country USA

4. FEI Number 03-0482899	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AKERS, DWIGHT E 232 HAMMOCK OAK CIRCLE DEBARY, FL 32713

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE P	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AKERS, DWIGHT		NAME SANDY J. AKERS	
STREET ADDRESS 232 HAMMOCK OAK CR.		STREET ADDRESS 232 HAMMOCK OAK CIR	
CITY-ST-ZIP DEBARY, FL 32713		CITY-ST-ZIP DEBARY, FL 32713	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODRUFF, DON		NAME	
STREET ADDRESS 333 CADDIE DRIVE		STREET ADDRESS	
CITY-ST-ZIP DEBARY, FL 32713		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Dwight E. Akers **1-20-05 386/753-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #