## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # L02000030219** D B AND FRIENDS, L.L.C. Principal Place of Business Mailing Address C/O FARO BLANCO C/O FARO BLANCO 1000 15TH ST 1000 15TH ST MARATHON, FL 33050 MARATHON, FL 33050 04202005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3882057 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCGUIRE, DIANE M DO NOT WRITE 99551 OVERSEAS HIGHWAY STE. 200 KEY LARGO, FL 33037 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 required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MILE MGR BRALEY, DEAN NAME STREET ADDRESS 1000 15TH ST CITY-ST-ZIP MARATHON, FL 33050 MGRA TITLE BRALEY, CHRISTOPHER NAME STREET ADDRESS 1283 HIGHLAND DRIVE U00000324339 04/22/05-80090-006 50.00 CITY-ST-ZIP SAINT ALBANS, WV 25177 TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

**FILED** 

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.

SIGNATURE: Law Dean Braley Manager 4/20/05 (304) 549-3326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date DayStrop Phone #

CITY-ST-ZIP