2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER

FILED Feb 02, 2005 08:00 AM Secretary of State DOCUMENT # L02000030577 1. Entity Name D & B ENTERPRISES, LLC Principal Place of Business Mailing Address 412 EAST HILLSBORO BOULEVARD P.O. BOX 163 DEERFIELD BEACH FL 33443 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State 4. FEI Number City & State Applied For 57-1138179 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENNACHIO, DENNIS 412 EAST HILLSBORO BOULEVARD Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33441 City Zip Code FL 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 Signature, typed or printed name of registered agent and title 8 applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS (MANAGERS 10 ADDITIONS/CHANGES 9, MGRM TITLE Change ☐ Addition ☐ Delete U00000211398 PENNACHIO, DENNIS NAME 02/02/05-80119-001 50.00 412 EAST HILLSBORO BOULEVARD STREET ADDRESS STREET ADDRESS CITY-SI-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition. TITLE TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7/P TITLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY SI-ZIP TITLE ☐ Change □ Addilio TITLE ☐ Delete NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY-ST-ZIP ☐ Change Acid?** MEE ☐ Delete HUF NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-7IP 11. Thereby certify that the information supplied with this filling 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.

Daytime Phone #