


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90023 016 \*\*\*\*50.00

**DOCUMENT # L03000011484**

1. Entity Name  
 DB, LLC



Principal Place of Business  
 2800 DELANO ST  
 PENSACOLA, FL 32505

Mailing Address  
 P.O. BOX 940  
 GULF BREEZE, FL 32562

4004211



2. Principal Place of Business  
 40 South Palatka Pl  
 Suite, Apt. #, etc.  
 Suite 500  
 City & State  
 Pensacola, FL  
 Zip  
 32502  
 Country  
 US

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 81-0605977

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRANNEN, DAVID A  
 2800 DELANO ST  
 PENSACOLA, FL 32505

7. Name and Address of New Registered Agent  
 Name  
 David A. Brannen  
 Street Address (P.O. Box Numbers Not Acceptable)  
 40 South Palatka Pl  
 Suite 500  
 City  
 Pensacola FL Zip Code  
 32502

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 David A. Brannen 3/31/06  
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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANNEN, DAVID A 2800 DELANO ST PENSACOLA, FL 32505	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brannen, David A PO Box 940 Gulf Breeze, FL 32562	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 David A. Brannen 3/31/06 850-434-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #