

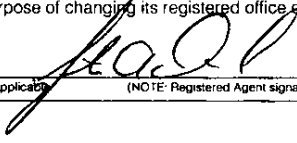



## 05-03-2007 90253 040 \*\*\*\*50.00

DOCUMENT # L03000012158				Secretary of State 05-03-2007 90253 040 ****50.00	
1. Entity Name <b>D &amp; B PROPERTIES, LLC</b>					
Principal Place of Business <b>232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787</b>		Mailing Address <b>232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787</b>			
2. Principal Place of Business - No P.O. Box # <b>1515 PARK CENTER DRIVE SUITE 2D ORLANDO FL Zip 32835 Country USA</b>		3. Mailing Address <b>P.O. BOX 616703 Suite, Apt. #, etc. City &amp; State ORLANDO FL Zip 32861-6703 Country USA</b>		<div style="font-size: 2em; font-weight: bold;">60047861</div>  01102007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number <b>36-4527738</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DE LISLE, STEVEN 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>1515 PARK CENTER DRIVE SUITE 2D ORLANDO FL Zip Code 32835</b>			
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  <b>STEVEN DELISLE</b> DATE <b>4-25-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELISLE, STEVEN A 232 SOUTH DILLARD ST. WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1515 PARK CENTER DRIVE SUITE 2D ORLANDO FL 32835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURDICK, MIKE 232 SOUTH DILLARD ST. WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1515 PARK CENTER DRIVE SUITE 2D ORLANDO FL 32835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  <b>STEVEN DELISLE MGR.</b> DATE <b>4-25-07</b> 407-345-0001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					