

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90132 007 \*\*\*\*50.00

<b>DOCUMENT # L03000028298</b>					
<b>1. Entity Name</b> <b>D &amp; R DEVELOPMENT LLC</b>					
<b>Principal Place of Business</b> 173 RED MAPLE WAY NICEVILLE, FL 32578 US			<b>Mailing Address</b> P.O. BOX 762 NICEVILLE, FL 32588-0076 US		
<b>2. Principal Place of Business</b> 173 Red Maple Way		<b>3. Mailing Address</b> P.O. Box 762			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Niceville FL		<b>City &amp; State</b> Niceville FL		<b>4. FEI Number</b> 20-0130182	
<b>Zip</b> 32578		<b>Country</b> Okaloosa		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SKINNER, RANDALL 173 RED MAPLE WAY NICEVILLE, FL 32578		<b>7. Name and Address of New Registered Agent</b> Name: NO Change Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:			
<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.</b> SIGNATURE: N/A (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> SKINNER, RANDALL <b>STREET ADDRESS</b> 173 RED MAPLE WAY <b>CITY-ST-ZIP</b> NICEVILLE, FL 32578	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> YOUNG, DANIEL B <b>STREET ADDRESS</b> 222 YACHT CLUB DRIVE <b>CITY-ST-ZIP</b> NICEVILLE, FL 32578	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> Randall Skinner			7-9-04 (850) 830-6320		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		