

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90138 002 \*\*\*\*50.00

**DOCUMENT # L03000030112**



1. Entity Name  
**MAYBERRY, LLC**

Principal Place of Business  
**C/O DBR ASSET MANAGEMENT, LLC  
1 FINANCIAL PLAZA, STE 2001  
FT LAUDERDALE, FL 33394**

Mailing Address  
**C/O DBR ASSET MANAGEMENT, LLC  
1 FINANCIAL PLAZA, STE 2001  
FT LAUDERDALE, FL 33394**

2. Principal Place of Business

3. Mailing Address  
**Mayberry, LLC  
C/O Flynn Engineering Services PA**

Suite, Apt. #, etc.

**1512 E. Broward Blvd., Ste 100A**

Suite, Apt. #, etc.

**1512 E. Broward Blvd., Ste 100A**

City & State

**Ft. Lauderdale FL**

City & State

**Ft. Lauderdale FL**

Zip

**33301**

Country

**USA**

Zip

**33301**

Country

**USA**

01112006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**16-1680321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MURAI WALD BIONDO & MORENO, P.A.  
25 S.E. 2ND AVE.  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **FLYNN, Jay M.**

Street Address (P.O. Box Number is Not Acceptable)

**C/O Flynn Engineering Services PA**

**1512 E. Broward Blvd., Ste 100A**

City

**Ft. Lauderdale**

FL

Zip Code

**33301**

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

*Jay M Flynn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-12-06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **FLYNN, JAY M**  
STREET ADDRESS **2725 N.E. 16 ST**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **MGRM** ☒ Delete  
NAME **BELT, ADRIAN J**  
STREET ADDRESS **2748 N.E. 16 ST**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM**  
STREET ADDRESS **Yianilos, Thomas N.**  
CITY-ST-ZIP **2848 NE 37th Street  
Ft. Lauderdale FL 33308**

TITLE ☐ Change ☒ Addition  
NAME **MGRM**  
STREET ADDRESS **Glenewinkel, Gary W.**  
CITY-ST-ZIP **2333 Desota Drive  
Ft. Lauderdale FL 33301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Jay M Flynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**1-12-06 (954) 522-1004**

Daytime Phone #