2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038919

1. Entity Name

D & P INVESTMENTS OF NAVARRE, LLC



Principal Place of Business

9272 LILGE CIRCLE NAVARRE, FL 32566 Mailing Address

9272 LILGE CIRCLE NAVARRE, FL 32566

FILED Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90032 045 ****50.00



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04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2683040 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

MOOREHEAD, STEPHEN R 4300 BAYOU BLVD., SUITE 13 PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BONNELL, DAVID
STREET ADDRESS	9272 LILGE CIRCLE
CITY-\$1-ZIP	NAVARRE, FL 32566
TITLE	MGRM
NAME .	BONNELL, PATRICIA J
STREET ADDRESS	9272 LILGE CIRCLE
CATY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
THTLE -	
NAME	
STREET ADDRESS	
CITY-\$T-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	'
CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filling does not qualify for the exe

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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.

SIGNATURE:

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

4-14-05

850-939-5712

Daytime Phone #