


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90026 046 \*\*\*150.00

<b>DOCUMENT # L04000002021</b>	
1. Entity Name DO-BE-DO, LLC	

Principal Place of Business 209 S HALIFAX UPSTAIRS SUITE DAYTONA BEACH, FL 32118	Mailing Address 2987 S ATLANTIC AVENUE 1202 DAYTONA BEACH, FL 32118
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2. Principal Place of Business 132 Anchor Dr Suite, Apt. #, etc.	3. Mailing Address 132 Anchor Dr Suite, Apt. #, etc.
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City & State Ponce Inlet FL	City & State Ponce Inlet FL
Zip 32127	Zip 32127
Country US	Country US

6. Name and Address of Current Registered Agent GREVE, OLIVIER 2987 S ATLANTIC AVENUE 1202 DAYTONA BEACH, FL 32118	
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7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
132 Anchor Dr  
City Ponce Inlet FL Zip Code 32127

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, 2006	Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREVE, OLIVIER P MGR 2987 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	132 Anchor Dr Ponce Inlet, FL 32127 <input checked="" 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	MGR ANNE KAROLIEN EVERS 132 Anchor Dr Ponce Inlet FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: 	Date 3/13/06	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		