

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

04-29-2005 90028 032 ****50.00
 05-02-2005 90375 032 ***150.00



DOCUMENT # L04000003755
 1. Entity Name
D & B, L.L.C.

Principal Place of Business
**1455 N. U.S. HIGHWAY 1, SUITE 29
 ORMOND BEACH, FL 32174**

Mailing Address
**1455 N. U.S. HIGHWAY 1, SUITE 29
 ORMOND BEACH, FL 32174**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1453 N. US Hwy 1 #29

City & State
Ormond Beach, FL

Zip
32174

Country
U.S.A

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2427867

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CULLEY, DAVID A 1455 N. U.S. HIGHWAY 1, SUITE 29 ORMOND BEACH, FL 32174	Name David A. Culley
	Street Address (P.O. Box Number is Not Acceptable) 1453 N. US Hwy 1, #29
	City Ormond Beach
	State FL
	Zip Code 32174

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 David A. Culley DATE 4-28-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE DP	<input type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Culley, David A		NAME Culley, David A.	
STREET ADDRESS 1455 N. US 1 Ste 29		STREET ADDRESS 1453 N. US Highway 1, Suite 29	
CITY-ST-ZIP Ormond Beach, FL 32174		CITY-ST-ZIP Ormond Beach, FL 32174	
TITLE VT	<input type="checkbox"/> Delete	TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Culley, Beverly J.		NAME Culley, Beverly J.	
STREET ADDRESS 1455 N. US Highway 1 Ste 29		STREET ADDRESS 1453 N. US Highway 1, Suite 29	
CITY-ST-ZIP Ormond Beach, FL 32174		CITY-ST-ZIP Ormond Beach, FL 32174	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: David A. Culley DATE 4-28-05 DAYTIME PHONE # 386-677-2727

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