

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90021 038 \*\*\*\*50.00

20032563



03222006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>56-2427867</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DOCUMENT # L04000003755**

1. Entity Name  
**D & B, L.L.C.**



Principal Place of Business <b>1453 N US HWY 1 #29 ORMOND BEACH, FL 32174</b>	Mailing Address <b>1453 N US HWY 1 #29 ORMOND BEACH, FL 32174</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**CULLEY, DAVID A  
1453 N US HWY 1 #29  
ORMOND BEACH, FL 32174**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CULLEY, DAVID A 1453 N US HWY 1 #29 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CULLEY, BEVERLY J 1453 N US HWY 1 #29 ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** David A. Culley David A. Culley 4-17-06 386-677-2727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #