2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-27-2005 90035 037 ****50.00

DOCUMENT # L04000008744

1. Entity Name
D & B DEVELOPMENT, LLC

30006788

04222005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
5150 TAMIAMI TRAIL N 501 NAPLES, FL 34103	5150 TAMIAMI TRAIL N 501 NAPLES, FL 34103

2. Principal Place of Business		3. Mailing Address	
5150 Tamiami Trail N		5150 Tamiami Trail N	
Suite, Apt. #, etc.: #205		Suite, Apt. #, etc.: #205	
City & State: Naples, FL		City & State: Naples, FL	
Zip: 34103	Country:	Zip: 34103	Country:

4. FEI Number: 20-0672072 ☐ Applied For ☐ Not Applicable

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
GRUBER, DAVID M 5150 TAMIAMI TRAIL N 501 NAPLES, FL 34103	Name: Gruber, David M Street Address (P.O. Box Number is Not Acceptable): 5150 Tamiami Trail N #205 City: Naples FL Zip Code: 34103

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] DATE 4/25/05
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBER, DAVID M 5150 TAMIAMI TRAIL N #501 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gruber, David M 5150 Tamiami Trail N #205 Naples, FL 34103	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERG, WILLIAM H 1639 COTTONWOOD TRAIL SARASOTA, FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Berg, William H 2750 Damons Drive Blairsville, GA 30512	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] David Gruber Managing Member 4/25/05 2384302424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #