


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-19-2006 90063 036 \*\*\*\*50.00

<b>DOCUMENT # L04000014823</b>		
1. Entity Name <b>DTR DEVELOPMENT, LLC</b>		

Principal Place of Business <b>2295 WEST EAU GALLIE BLVD., SUITE A MELBOURNE, FL 32935</b>	Mailing Address <b>2295 WEST EAU GALLIE BLVD., SUITE A MELBOURNE, FL 32935</b>
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2. Principal Place of Business <b>2090 W. Eau Gallie Blvd</b> Suite, Apt. #, etc. <b>Suite A</b> City & State <b>Melbourne FL</b> Zip <b>32935</b> Country <b>USA</b>		3. Mailing Address <b>2090 W. Eau Gallie Blvd</b> Suite, Apt. #, etc. <b>Suite A</b> City & State <b>Melbourne FL</b> Zip <b>32935</b> Country <b>USA</b>	
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01082006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0802557** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRANDON, THOMAS R**  
**2295 WEST EAU GALLIE BLVD., SUITE A  
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2090 W. Eau Gallie Blvd**  
**Suite A**  
City **Melbourne** **FL** Zip Code **32935**

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 **1-12-06**  
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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BRANDON, THOMAS R 4326 DAVIDA DR MELBOURNE, FL 32934</b> <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	<b>MGRM BEARD, DANIEL S 371 CRESTVIEW ST NE PALM BAY, FL 32907</b> <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
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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

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:**

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

Date

Daytime Phone #

**1/19/06 321-725-0065**