


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90141 028 ****50.00

DOCUMENT # L04000048317		
1. Entity Name DEBEAN HOLDINGS, L.L.C.		

Principal Place of Business 7171 N. DALE MABRY HIGHWAY, SUITE 401 TAMPA, FL 33614	Mailing Address 7171 N. DALE MABRY HIGHWAY, SUITE 401 TAMPA, FL 33614
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2. Principal Place of Business <i>16594 N DALE MABRY HWY</i>	3. Mailing Address <i>(SAME)</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>TAMPA FL</i>	City & State
Zip <i>33618</i>	Country <i>USA</i>



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1505810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ZABLE, ELIZABETH H DR. 17734 CURRIE FORD DR LUTZ, FL 33558	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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	MGRM ZABLE, ELIZABETH H DR. 17734 CURRIE FORD DR LUTZ, FL 33558 <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 #

Elizabeth H Zable

1-18-06

(813)933-1944