

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000062183

1. Entity Name  
D&B REALTY CONSULTANTS, LLC



Principal Place of Business  
1 FINANCIAL PLAZA STE. 2001  
FORT LAUDERDALE, FL 33394

Mailing Address  
1 FINANCIAL PLAZA STE. 2001  
FORT LAUDERDALE, FL 33394



01152007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
92-0181074

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELT, A.J.  
1 FINANCIAL PLAZA STE. 2001  
FORT LAUDERDALE, FL 33394

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2007

1000000595321  
01/23/07-80033-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DANE, JAN W  
1 FINANCIAL PLAZA STE. 2001  
FORT LAUDERDALE, FL 33394

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BELT, A J III  
1 FINANCIAL PLAZA STE. 2001  
FORT LAUDERDALE, FL 33394

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARK, BRIAN H  
1 FINANCIAL PLAZA STE. 2001  
FORT LAUDERDALE, FL 33394

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

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

01-16-2007

Date

Daytime Phone #

(954) 523-2070 #210