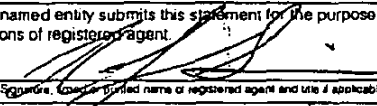
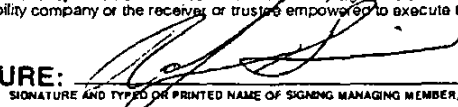


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

05-02-2005 90084 027 ****50.00

DOCUMENT # L04000065463 1. Entity Name D AND B CONSTRUCTION LLC					
Principal Place of Business 500 H CHINA'S GROVE FORT WALTON BEACH FL 32547			Mailing Address 500 H CHINA'S GROVE FORT WALTON BEACH FL 32547		
2. Principal Place of Business 1905 Squirrel Path Suite, Apt. #, etc.		3. Mailing Address 1905 Squirrel Path Suite, Apt. #, etc.			
City & State FWB, FL Zip 32547		City & State FWB, FL Zip 32547		4. FEI Number 32-0154317	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHELICH, ROBERT J 500 H CHINA'S GROVE FORT WALTON BEACH FL 32547				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 04/26/05	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME MGRM SCHELICH, ROBERT J ☐ Delete STREET ADDRESS 500 H CHINA'S GROVE CITY-ST-ZIP FORT WALTON BEACH FL 32547			TITLE NAME MGRM Schelich, Robert J. ☒ Change ☐ Addition STREET ADDRESS 1905 Squirrel Path CITY-ST-ZIP Fort Walton Beach, FL 32547		
TITLE NAME MGRM BROWN, CHRISTY L ☐ Delete STREET ADDRESS 500 H CHINA'S GROVE CITY-ST-ZIP FORT WALTON BEACH FL 32547			TITLE NAME MGRM Schelich, Christina L ☒ Change ☐ Addition STREET ADDRESS 1905 Squirrel Path CITY-ST-ZIP Fort Walton Beach, FL 32547		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP 			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP 			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP 			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP 		
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: 				DATE 04/26/05 (850) 803-1931	