




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90029 048 ****50.00

DOCUMENT # L04000065801 1. Entity Name D.M.B. & O. HOLDINGS L.L.C.					
Principal Place of Business 2871 FOREST MILL LANE JACKSONVILLE, FL 32257 US			Mailing Address 2871 FOREST MILL LANE JACKSONVILLE, FL 32257 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1587889	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN, MARCO 2871 FOREST MILL LANE JACKSONVILLE, FL 32257				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/25/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	MGR MARTIN, MARCO 2871 FOREST MILL LANE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MARIA 836 WHITE EAGLE CIRCLE ST. AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEVAUX, MICHAEL K 7839 HUNTERS GROVE ROAD JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JARRELL, TAVIA 1308 CEDAR ISLE COURT SAINT AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, ANTONIA 841 WHITE EAGLE CIRCLE SAINT AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVAUX, ELIZABETH A 777 BRAESIDE PLACE ANN ARBOR, MI 48103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OMARA, KEVIN H 1637 INKBERRY LANE JACKSONVILLE, FL 32259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/25/2006 Daytime Phone # (914) 636-5883		