



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000080488 1. Entity Name DELAND DB&N, LLC |  |
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|---|---|
| Principal Place of Business 200 E. GRANADA BLVD., #200 ORMOND BEACH, FL 32176 | Mailing Address 200 E. GRANADA BLVD., #200 ORMOND BEACH, FL 32176 |
|---|---|

DO NOT WRITE IN THIS SPACE



03062007No Chg-LLC CR2E083 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 20-1861965 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

SELBY, DWIGHT C
200 E. GRANADA BLVD., #200
ORMOND BEACH, FL 32176

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

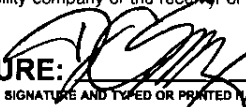
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SELBY, DWIGHT C 1535 OAK FOREST DRIVE ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MANOLIAS, DAVID 1 HUNTSMAN LOOK ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JAMES FAMILY TRUST 815 NORTH BEACH STREET ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **Dwight C. Selby** **4-3-07** **386-238-4456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #