


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90384 009 ****55.00

DOCUMENT # L04000082401	
1. Entity Name D & L, L.L.C.	

Principal Place of Business 8 TANGELO TERRACE SAFETY HARBOR, FL 34695	Mailing Address 8 TANGELO TERRACE SAFETY HARBOR, FL 34695
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2. Principal Place of Business 10 Tangelo Terr.	3. Mailing Address 10 Tangelo Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Safety Harbor, FL	City & State Safety Harbor, FL
Zip 34695	Zip 34695
Country Pinellas	Country Pinellas

60044434



03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 32-0132951	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent BARROS, LUIS 8 TANGELO TERRACE SAFETY HARBOR, FL 34695	7. Name and Address of New Registered Agent Name David Arch Street Address (P.O. Box Number is Not Acceptable) 10 Tangelo Terr. City Safety Harbor FL Zip Code 34695
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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 	DATE 3-14-2005

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARROS, LUIS 8 TANGELO TERRACE SAFETY HARBOR, FL 34695 <input checked="" 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	MGR ARCH, DAVID 10 TANGELO TERRACE SAFETY HARBOR, FL 34695 <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
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
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
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 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: 3-14-2005	ONLY THE PRINTING: (727) 224-6637
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