

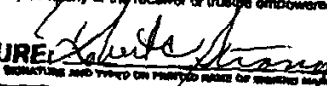
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FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90019 008 ****55.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000029180			
1. Entity Name DBELCHER, LLC			
Principal Place of Business 7319 ELEANOR CIRCLE SARASOTA, FL 34243 US		Mailing Address 7319 ELEANOR CIRCLE SARASOTA, FL 34243 US	
2. Principal Place of Business 3605 N. Lockwood Ridge		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State	
Zip 34234		Country USA	
4. FEI Number 71-0979673		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent	
STRANYAK, ROBERT C 7319 ELEANOR CIRCLE SARASOTA, FL 34243		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 _____			
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 BELCHER, DEBORAH A 7319 ELEANOR CIRCLE SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M STRANYAK, ROBERT C 7319 ELEANOR CIRCLE SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE 		ROBERT C. STRANYAK 5/1/06 94 351-4689	