


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90142 027 ****50.00

DOCUMENT # L05000029180					
1. Entity Name DBELCHER, LLC					
Principal Place of Business <i>Lockwood Ridge</i> 3605 N. LOCKWOOD RIDGE SARASOTA, FL 34234 US			Mailing Address 7319 ELEANOR CIRCLE SARASOTA, FL 34243 US		
2. Principal Place of Business - No P.O. Box # 3605 N. Lockwood Ridge			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Sarasota, FL			City & State		
Zip 34234		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent STRANYAK, ROBERT C 7319 ELEANOR CIRCLE SARASOTA, FL 34243 <i>Deborah Belcher</i> <i>3605 N. Lockwood Ridge</i> <i>Sarasota, FL</i> <i>34234</i>				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 <i>Deborah Belcher</i> DATE <i>1/26/07</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		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 <i>see above</i>	<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	MGRM STRANYAK, ROBERT C 7319 ELEANOR CIRCLE SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Deborah A. Belcher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>1/26/07</i> Daytime Phone # <i>941-351-4695</i>		