
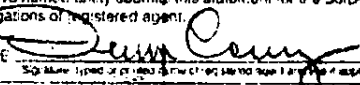



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/3/

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-03-2006 90073 023 ****50.00
 04-24-2006 90049 040 *****5.00

DOCUMENT # L05000039631			
1. Entity Name D.B.D., LLC			
Principal Place of Business 44 HAWTHORNE DRIVE EDISON, NJ 08820		Mailing Address 44 HAWTHORNE DRIVE EDISON, NJ 08820	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2953394		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COURY, DEBORAH J 3679 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, the registered agent.			
SIGNATURE 		DATE	
SIGNATURE (Type or print name of the registered agent)		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	MGRM COURY, DEBORAH J 44 HAWTHORNE DRIVE EDISON, NJ 08820 <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 COURY, RICHARD P 44 HAWTHORNE DRIVE EDISON, NJ 08820 <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 COURY, HERBERT R 44 HAWTHORNE DRIVE EDISON, NJ 08820 <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	Member Managing Amy Marie Hauser 213 SW Pagoda Terrace Park St. Lucia, Fla 32961 <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 exemptions contained in Chapter 110, 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 808, Florida Statutes.			
SIGNATURE 		2/4/06 906-930-7195	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Phone	

ATTACHMENT
40058085
L05000039631

DEBBIE COURY

Attached please find
the corrections on the
rept. In addition
I have sent a check for
\$5.00 to receive a
Certificate of Status -
Please send
asap -

Thank you
Debbie Coury