

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045921

Entity Name: D & W BROKERS, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

101 OLD CARRIAGE ROAD
PONCE INLET, FL 32127 US

New Principal Place of Business:

108 ANCHOR DR
PONCE INLET, FL 32127 US

Current Mailing Address:

101 OLD CARRIAGE ROAD
PONCE INLET, FL 32127 US

New Mailing Address:

108 ANCHOR DR
PONCE INLET, FL 32127 US

FEI Number: 20-2802909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PURVIS, LLC,
Address: 101 OLD CARRIAGE ROAD
City-St-Zip: PONCE INLET, FL 32127 US

Title: MGR () Delete
Name: SMALL DETAILS, LLC,
Address: 101 OLD CARRIAGE ROAD
City-St-Zip: PONCE INLET, FL 32127 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PURVIS, LLC,
Address: 108 ANCHOR DR
City-St-Zip: PONCE INLET, FL 32127 US

Title: MGR (X) Change () Addition
Name: SMALL DETAILS, LLC,
Address: 108 ANCHOR DR
City-St-Zip: PONCE INLET, FL 32127 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY C PURVIS

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date