

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046288

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: DB LLC

**Current Principal Place of Business:**

361 SW VOLTAIR TERR  
PORT ST LUCIE, FL 34985

**New Principal Place of Business:**

361 SW UNDALLO RD  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

PO BOX 9622  
PORT ST LUCIE, FL 34985

**New Mailing Address:**

361 SW UNDALLO RD  
PORT ST LUCIE, FL 34953

FEI Number: 42-1670850      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BAILEY, DARRICK  
361 SW VOLTAIR TERR  
PORT ST LUCIE, FL 34985      US

**Name and Address of New Registered Agent:**

BAILEY, DARRICK  
361 SW UNDALLO RD  
PORT ST LUCIE, FL 34953      US

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: \_\_\_\_\_

07/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BAILEY, DARRICK  
Address: PO BOX 9622  
City-St-Zip: PORT ST LUCIE, FL 34985

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: BAILEY, DARRICK  
Address: 361 SW UNDALLO RD  
City-St-Zip: PORT ST LUCIE, FL 34953

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: DARRICK BAILEY

MGR

07/06/2006

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