## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT #L05000089456** 02-06-2006 90168 043 \*\*\*\*50.00 1. Entity Name D&B HOMES, LLC Principal Place of Business Mailing Address 21094 BOULDER CIRCLE 21094 BOULDER CIRCLE 20005082 NORTHVILLE, MI 48167 NORTHVILLE, MI 48167 2. Principal Place of Business 3. Mailing Address 374 FAIRWAY ISES LN 374 FAIRWAY ISLES LN Suite, Apt. #, etc. 01242006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number BONDENTON, FL BADENTON Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLAMS WILLIAMS, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 6990 SUPERIOR ST CIRCLE SARASOTA, FL 34243 FAIRLINY 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 regis SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TIT1 F □ Delete TITLE Change ☐ Addition WILLIAMS, RICHARD G NAME NAME 374 FAIRWAY ISLES LN. STREET ADDRESS 21094 BOULDER CIRCLE STREET ADDRESS 34212 NORTHVILLE, MI 48167 BRADENTON. FL. CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete A Change TITLE ■ Addition WILLIAMS, BARBARA B NAME NAME 374 FAIRWAY ISLES LY. 21094 BOULDER CIRCLE STREET ADDRESS STREET ADDRESS BRADENTAN, FL. NORTHVILLE, MI 48167 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 06, 2006 8:00 am