2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # L05000099935 1. Entity Name DC, PB, FB, LLC						03-13-2006 90353 006 ****50.00				
Principal Place of Business Mailing Address					7					
2806 US HWY 90 W SUITE 101 LAKE CITY, FL 32055		2806 US HWY 90 W SUITE 101 Lake City, FL 32055			1 40011011 8	II BBIBI BIIII BBIII BBIII BBI		1 (8:30 180) 1	PS I fil ISP1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062006	Chg-LLC	CR2E08	3 (11/05)			
City & State		City & State			4. FEI Numb	360 885	4		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add		
	6. Name and Address of Current F	gistered Agent			7. Name and Address of New Registered Agent					
CRAPPS, DANIEL				Name						
2806 US HWY 90 W SUITE 101 LAKE CITY, FL 32055				Street Address	s (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										
Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE										
	ling Fee is \$50.00 ue by May 1, 2006					Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	-		
TITLE NAME	MGRM CRAPPS, DANIEL	☐ Delete	TITLE NAM	ſ				☐ Change	☐ Addition	
STREET ADDRESS	2806 US HWY 90 W SUITE 101			ET ADDRESS						
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY	-ST-ZIP						
TITLE NAME		☐ Delete	TITLE	I				☐ Change	Addition	
STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	I	•			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	E Et address						
CITY-ST-ZIP				-SI-ZIP						
TALE		Delete	TITLE	:	 :	_		☐ Change	Addition	
NAME			NAM	I						
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TITLE	•	☐ Delete	TITLE					☐ Change	Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					-	
11. I hereby o	certify that the information supplied with	this filing does not qualify for	the exe	mptions containe	d in Chapter 119	, Florida Statutes. I fu	rther certify	that the info	rmation	
11. I hereby certify that the information supplied with this filling 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 residence of the time of the same report as required by Chapter 608, Florida Statutes.										