


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000104380 1. Entity Name D & B HOLDINGS LLC	
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Principal Place of Business 12888 145 ROAD LIVE OAK FL 32060 US	Mailing Address 12888 145 ROAD LIVE OAK FL 32060 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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2nd MOORE CR2E083 (4/07)

City & State	City & State
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4. FEI Number 20-3485504	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBSTER, BETH A 10207 158 STREET NORTH JUPITER FL 33478	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>	DATE _____
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	SCHILLER, DAVID A
STREET ADDRESS	12888 145 ROAD
CITY - ST - ZIP	LIVE OAK FL 32060
TITLE	MGRM <input type="checkbox"/> Delete
NAME	SCHILLER, VICTORIA S
STREET ADDRESS	12888 145 ROAD
CITY - ST - ZIP	LIVE OAK FL 32060
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000773942
CITY - ST - ZIP	09/13/07-80006-013 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *Victoria S. Schiller* **VICTORIA S. SCHILLER** 9/1/07 386 362 5518