

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90302 031 ****50.00

DOCUMENT # L05000115726

1. Entity Name

D. B. JANSON DEVELOPMENT, LLC



Principal Place of Business

Mailing Address

4568 THIRD AVENUE
SAINT AUGUSTINE FL 32095

4568 THIRD AVENUE
SAINT AUGUSTINE FL 32095



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3877254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGHIN, CALHOUN & SUNDEMAN, P.A.
100 ARRICOLA AVENUE
SAINT AUGUSTINE FL 32080

Name

John Sundeman CPA PA

Street Address (P.O. Box Number is Not Acceptable)

1 SEBASTIAN AVENUE

City

ST. AUGUSTINE

FL

Zip Code

32084

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

John Sundeman (John Sundeman)

2-1-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM ☐ Delete
NAME: JANSON, DAVID B
STREET ADDRESS: 4568 THIRD AVENUE
CITY ST ZIP: SAINT AUGUSTINE FL 32095

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: MGR ☐ Delete
NAME: JANSON, MARY K
STREET ADDRESS: 4568 THIRD AVENUE
CITY ST ZIP: SAINT AUGUSTINE FL 32095

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: MGR ☐ Delete
NAME: JANSON, RONALD D
STREET ADDRESS: 4568 THIRD AVENUE
CITY ST ZIP: SAINT AUGUSTINE FL 32095

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-31-07 (904) 377-0572

Date

Daytime Phone #