

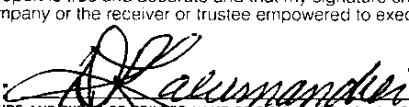


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90019 009 ****50.00

DOCUMENT # L06000034362					
1. Entity Name D R & ASSOCIATES OF SANTA ROSA BEACH, LLC					
Principal Place of Business 502 W. HARBORVIEW ROAD SANTA ROSA BEACH FL 32459			Mailing Address 502 W. HARBORVIEW ROAD SANTA ROSA BEACH FL 32459		
2. Principal Place of Business - No P.O. Box # 502 W. Harborview Rd.		3. Mailing Address 502 W. Harborview Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2nd MOORE CR2E083 (4/07)	
City & State Santa Rosa Beach		City & State FL		4. FEI Number	
Zip 32459		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LALUMANDIER, DOUG 502 W. HARBORVIEW ROAD SANTA ROSA BEACH FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME LALUMANDIER, DOUG STREET ADDRESS 502 W. HARBORVIEW ROAD CITY-ST-ZIP SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			08-06-77 850-585-1434		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					