

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**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**



03292008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LALUMANDIER, DOUG  
502 W. HARBORVIEW ROAD  
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named agent or both, in the State of Florida, I am familiar with, and accept the obligations

SIGNATURE \_\_\_\_\_  
Sign

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LALUMANDIER, DOUG 502 W. HARBORVIEW ROAD SANTA ROSA BEACH, FL 32459</b>
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U000000918697  
05/13/08-80093-002 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Doug Lalumandier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/15/08* *850-5851935*  
Date Daytime Phone #