2007 LIMITED LIABILITY COMPANY ANNUÁL REPORT (AR)

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L06000121069 04-03-2007 90123 015 ****50.00 1. Entity Namo D B GROWTH MANAGEMENT, LLC Principal Place of Business Mailing Address 150 MCMULLEN BOOTH ROAD SOUTH CLEARWATER FL 33759 150 MCMULLEN BOOTH ROAD SOUTH **CLEARWATER FL 33759** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4 FEI Numbor Applied For ∞ 020+00 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JANSSEN, DUANE H Stroot Address (P.O. Box Number is Not Acceptable) 1626 38TH AVENUE NORTH ST. PETERSBURG FL 33713 City 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 renstioned assent and title 4 applicable. (NOTE Registered Agent signature agained when reinstating 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 BILL Delete 111111 Change ☐ Addition NAML **BUSCEMA, DARIA** NAMI STRUCT ADDRESS 150 MCMULLEN BOOTH ROAD SOUTH STEELE FADDED SS CHY-SI-7IP **CLEARWATER FL 33759** CHY ST /IP mu Delete 10101 ☐ Change Addition NAM STREET LADORESS SHIEL LADDRESS CITY-ST-ZIP CHY ST ZIP Delete TITLE MILE ☐ Change ☐ Addition NAME NAMI SIRELL ADDRESS STREET ADDRESS CITY - SI - 7/P CITY ST //P Delete DITTE 11111 ☐ Change ■ Addition NAMI NAME STREET ADODESS STRUCT ADDRESS COY-SI-7P CHY ST 7P HHE ☐ Delete uni □ Change ☐ Addition NAM STREET ADODESS STREET ADDRESS CITY-SI-7IP CHY SI-7P THE Delete 11/11/6 ☐ Change ■ Addition NAMI: NAM STATE LADOUS SS STREET ADDRESS CHY-SI-JIP CHY-S)-/P 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 eath; that I am a managing member or manager of the limited flability company or the reservor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 2000 PRINTED NAME OF SIG NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE