


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90128 036 \*\*\*138.75

**DOCUMENT # L07000108965**

1. Entity Name  
**D&B-LUNDGREN, LLC**



Principal Place of Business      Mailing Address  
**8755 SOUTHERN BREEZE DRIVE**      **8755 SOUTHERN BREEZE DRIVE**  
**ORLANDO, FL 32836 US**      **ORLANDO, FL 32836 US**

**60027415**



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

04042008    Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
 Not Applicable

5. Certificate of Status Desired     **\$5.00 Additional Fee Required**

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

**JONES, MICHAEL B**  
**7601 DELLA DRIVE**  
**SUITE 19**  
**ORLANDO, FL 32819**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BERRY, VICTORIA</b> <b>8755 SOUTHERN BREEZE DRIVE</b> <b>ORLANDO, FL 32836</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ROGER D. BERRY</b> <b>8755 SOUTHERN BREEZE DR.</b> <b>ORLANDO, FL 32836</b> <input type="checkbox"/> Change <input checked="" 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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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:** Check #1487 ROGER D. BERRY ROGER D. BERRY 4/4/2008 407-496-7876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #