

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108966

Entity Name: D&B-LEARMONT, LLC

FILED  
Apr 18, 2009  
Secretary of State

**Current Principal Place of Business:**

8755 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836 US

**New Principal Place of Business:**

**Current Mailing Address:**

8755 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BERRY, ROGER D  
8755 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836 US

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.

SIGNATURE: ROGER D. BERRY

04/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BERRY, VICTORIA  
Address: 8755 SOUTHERN BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836 US

Title: MGR ( ) Delete  
Name: BERRY, ROGER D  
Address: 8755 SOUTHERN BREEZE DR  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BERRY, ROGER D  
Address: 8755 SOUTHERN BREEZE DR  
City-St-Zip: ORLANDO, FL 32836 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROGER D. BERRY

MGR

04/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date