

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

0002834

**DOCUMENT # L00000004789**

1. Entity Name  
**DBK, LLC**

02-04-2002 90029 044 \*\*\*\*50.00

Principal Place of Business  
**284 PARK AVENUE NORTH, SUITE A**  
**WINTER PARK FL 32789**

Mailing Address  
**284 PARK AVENUE NORTH, SUITE A**  
**WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNDERWOOD, ROBERT L**  
**537 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  Delete  
**MGR**  
**BENCH WARMERS GP, INC.**  
 STREET ADDRESS  
**537 EAST PARK AVENUE**  
 CITY-ST-ZIP  
**TALLAHASSEE FL 32301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *SIGNATURE REQUIRED* **Robert Underwood** 1/30/02 (800) 2686-1625  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)