

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90039 032 ***138.75

DOCUMENT # L00000007404

1. Entity Name
DNC HOLDING GROUP, LLC



Principal Place of Business
5201 BLUE LAGOON DR., STE 560
MIAMI, FL 33126

Mailing Address
5201 BLUE LAGOON DR., STE 560
MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #
777 BRICKELL AVE.

3. Mailing Address
777 BRICKELL AVE

Suite, Apt. #, etc.
SUITE 900

Suite, Apt. #, etc.
SUITE 900

02122008 Chg-LLC CR2E083 (12/06)



City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1020020

Applied For
Not Applicable

Zip
33131

Country
DADE

Zip
33131

Country
DADE

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

CARSON, DENNIS
BLACKROCK RETAIL PROPERTY ADVISORS, LLC.
5201 BLUE LAGOON DRIVE, SUITE 560
MIAMI FLORIDA, FL 33126

Name
Street Address (P.O. Box Number is Not Acceptable)
777 BRICKELL AVE SUITE 900
City **MIAMI** FL Zip Code **33131**

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 registered agent and title if applicable

(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 MGR ☐ Delete
NAME CARSON, DENNIS
STREET ADDRESS 5201 BLUE LAGOON DR., #560
CITY-ST-ZIP MIAMI, FL 33126

TITLE MGR. ☒ Change ☐ Addition
NAME CARSON, DENNIS
STREET ADDRESS 777 BRICKELL AVE SUITE 900
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR ☐ Delete
NAME ROSEN, CASEY
STREET ADDRESS 5201 BLUE LAGOON DR., #560
CITY-ST-ZIP MIAMI, FL 33126

TITLE MGR. ☒ Change ☐ Addition
NAME ROSEN, CASEY
STREET ADDRESS 777 BRICKELL AVE SUITE 900
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Dennis Carson** *managing member* **2/19/08** **305-428-6320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #