


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000009463 1. Entity Name NEUWIRTH DNBC, L.L.C.	
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Principal Place of Business 413 COCONUT ISLE DRIVE FT. LAUDERDALE, FL 33301	Mailing Address 413 COCONUT ISLE DRIVE FT. LAUDERDALE, FL 33301
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01132005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1033152	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GLASSER, GENE ESQ.
% ABRAMS, ANTON P.A.
2021 TYLER STREET
HOLLYWOOD, FL 33022

**DO NOT WRITE
IN THIS SPACE**

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 rehashing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEUWIRTH, BARBARA 413 COCONUT ISLE DRIVE FT. LAUDERDALE, FL 33301
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: Barbara Newirth BARBARA NEUWIRTH 1/18/2005 (954) 765-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #