2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009464

1. Entity Name

DNBC INVESTMENT, L.L.C.

Principal Place of Business	Mailing Address
6530 W. ROGERS CIRCLE. SUITE 31 BOCA RATON FL 33487	6530 W. ROGERS CIRCLE. SUITE 31 BOCA RATON FL 33487

FILED

01 FEB 21 AM 11:40

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number ☐ 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
KRONGOLD, RANDI M 201 ALHAMBRA CIRCLE, SUITE 801 C/O KRONGOLD, TODD & SINGER, P.L. CORAL GABLES FL 33134	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

9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEDER, SEAN M 6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003768935---8 -02/26/01--01161---003 *****50.00 *****50.00	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: _____   2/15/01   561-995-7878

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