2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000009464

1. Entity Name
DNBC INVESTMENT, L.L.C.



Principal Place of Business

6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487 Mailing Address

6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487

FILED Apr 22, 2004 08:00 AM Secretary of State



02102004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1033149 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

	6. Name and Address of Current Registered Agent				· ·
KRONGOLD, RAND! M 201 ALHAMBRA CIRCLE, SUITE 801 C/O KRONGOLD, TODD & SINGER, P.L. CORAL GABLES, FL 33134			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the purpose of char- ions of registered agent.	iging its registere	ed office or registered agent, or both	n, in the State of Florida. I am familiar wit	h, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registere	d Agent signature required when reinstating)	DATE	
FI	lling Fee is \$50.00 ue by May 1, 2004			1)00000124580 04/22/04-80050-006	50.00
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEDER, SEAN M 6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487				\$
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE	
TITLE	}		B		

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 it 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:

NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/19/04

561-995-7878

Daytima Phone #