2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

03082005   Chg-LLC   CR2E083 (10/03)

Zip	Country	Zip	Country

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	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. 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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE	MGR ☒ Delete		TITLE MANAGER	☐ Change ☒ Addition	
NAME	LEDER, SEAN M		NAME SJJ MANAGEMENT Inc ITs MGR By SEAN M LEDER		
STREET ADDRESS	6530 W. ROGERS CIRCLE, SUITE 31		STREET ADDRESS 6530 W. Rogers Circle #31		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP Boca Raton, FL 33487		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: SEAN M LEDER   4/15/05   561-995-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #