


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000013788</b> 1. Entity Name DBS INVESTMENTS, L.L.C.	
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Principal Place of Business 215 CARLTON ST. WAUCHULA, FL 33873	Mailing Address P.O. BOX 586 WAUCHULA, FL 33873
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**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1052886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  DE BOOM, JAN L 1702 DENA CIRCLE WAUCHULA, FL 33873
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**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 \_\_\_\_\_  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE BOOM, JAN L 1702 DENA CIR. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOBE, MAGALI 1306 CITRUS ST. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOBE, GUILLERMO 1306 CITRUS ST. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STUART, LORI 3241 N.E. MCINTYRE ST. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

U000000753752  
05/24/07-80053-018 50.00

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:** Jan L De Boom 4-20-07 863 267-0582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #