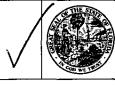
2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000002287

DST 1506, L.L.C.



Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90030 002 ****50.00

Principal Plac	ce of Business			Mailing Address												
SUITE PH-104			S	48 EAST FLAGLER STREET SUITE PH-104 MIAMI FL 33131					E 11							
2. Principal Place of Business				3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & State				City & State			4	4. FEI Number 75-3027464					-	Applied For Not Applicable		
Zip	Zip Country			Zip	Count	ry	5. Certificate of S							5.00 Additional e Required		7
6. Name and Address of Current R				Istered Agent		7. Name and Address of New Registered Agent								_		
MARBIN, EVAN R ESQ. 48 EAST FLAGLER STREET SUITE PH-104						Name Street Address (P.O. Box Number is Not Acceptable)										
MIAMI FL 33131						City	· .					F	Z	ip Cod	e	-
8. The above	named entity s	submits this stateme	ent for the	purpose of changing its	registere	d office or i	registered	agent, or bot	h, in t	he State	of Flor			r with.	and accept	\dashv
	tions of register			parpose of changing he	, og.oto. o		.09.0.00	agon, or bo	., ., .,					,		
SIGNATURE .	Signature typed or	printed name of registered	agent and tit	te if applicable (NOT	E: Begistered	Agent signatur	re seculized who	en reigetation\		,		DATE				}
	Signature, types of	Dilling the to the Brote lea	agent and th			EE IS \$5		EI Turistasing)				DAIL				\dashv
				Make Check Payab		• -		of State		•						
						y 1, 2003										
9.		MANAGING ME	MBERS/	MANAGERS	10.					ADDIT	IONS/0	CHANGE	S],
TITLE	MGRM			☐ Delete	TITLE								□ c	hange	☐ Addition	
NAME STREET ADDRESS	TINSKY, DE	NNIS LANDALE BCH (RI VD ST	TE 902	NAME STREE	ET ADORÉSS										
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CITY-ST-ZIP					CITY-	ST-ZIP										
TITLE				☐ Delete	TITLE			- -					□ c	hange	☐ Addition	
NAME ET ADDRESS					NAME	T ADDRESS										
E. ADURESS E.TY-ST-ZIP					- 1	ST-ZIP										
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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.

2/28/03

(305) 371-2248