

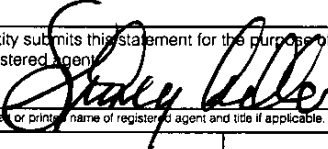



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90062 038 \*\*\*\*50.00

<b>DOCUMENT # L01000017032</b>					
<b>1. Entity Name</b> DCOB, LLC					
<b>Principal Place of Business</b> 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433    US			<b>Mailing Address</b> 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433    US		
<b>2. Principal Place of Business</b> 6971 N. FEDERAL HWY Suite, Apt. #, etc.    301		<b>3. Mailing Address</b> 6971 N. FEDERAL HWY Suite, Apt. #, etc.    301			
<b>City &amp; State</b> BOCA RATON, FL Zip    33487    Country    USA		<b>City &amp; State</b> BOCA RATON, FL Zip    33487    Country    USA		<b>4. FEI Number</b> 69-2032873	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ADLER, SIDNEY 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433					
<b>7. Name and Address of New Registered Agent</b> Name    SIDNEY ADLER Street Address (P.O. Box Number is Not Acceptable) 6971 N. FEDERAL HWY #301 City    BOCA RATON    FL    Zip Code    33487					
<b>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.</b> SIGNATURE  SIDNEY ADLER    4/26/05    DATE					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, PETER 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, PETER 6971 N. FEDERAL HWY, Suite 301 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, HOWARD 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, HOWARD 6971 N. FEDERAL HWY, Suite 301 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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 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.</b>					
<b>SIGNATURE:</b>  PETER WOLOFSKY    4/26/05    561-995-7465					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					

40051763

04252005    Chg-LLC    CR2E083 (10/03)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

## MANAGING MEMBERS/MANAGERS

## ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WOLOFSKY, PETER	
STREET ADDRESS	1815 GRIFFIN RD #301	
CITY-ST-ZIP	DANIA BEACH, FL 33433	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WOLOFSKY, HOWARD	
STREET ADDRESS	1815 GRIFFIN RD #301	
CITY-ST-ZIP	DANIA BEACH, FL 33433	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLOFSKY, PETER	
STREET ADDRESS	6971 N. FEDERAL HWY, Suite 301	
CITY-ST-ZIP	BOCA RATON, FL 33487	

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLOFSKY, HOWARD	
STREET ADDRESS	6971 N. FEDERAL HWY, Suite 301	
CITY-ST-ZIP	BOCA RATON, FL 33487	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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**SIGNATURE:**

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

Date

Daytime Phone #

1.478