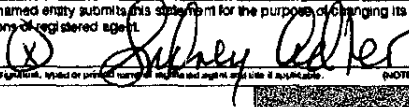
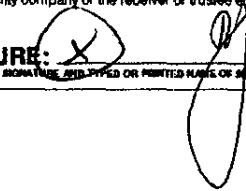


FILED

03 MAY -2 PM 12:20

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600017896216
05/02/03--01056--013 **50.00

DOCUMENT # L01000017032			
1. Entry Name DCOB, LLC			
Principal Place of Business 400 LESLIE DRIVE SUITE 215 HALLANDALE, FL 33009 US		Mailing Address 400 LESLIE DRIVE SUITE 215 HALLANDALE, FL 33009 US	
1815 Griffin Road 301 Dania Beach, FL 33433 USA		1815 Griffin Road 301 Dania Beach, FL 33433 USA	
			
		☒ CHECK HERE IF MAKING CHANGES	
4. FEI Number 69-2032873		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADLER, SIDNEY 400 LESLIE DRIVE #215 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name SIDNEY ADLER Street 1815 Griffin Road, Suite 301 Dania Beach, FL 33433 City FL Zip Code	
8. The above named entry 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  (NOTE: Registered Agent signature required when electing) DATE			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, PETER 400 LESLIE DRIVE #215 HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1815 Griffin Road, Suite 301 Dania Beach, FL 33433 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, KENNETH 400 LESLIE DRIVE #215 HALLANDALE, FL 33009 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, HOWARD 400 LESLIE DRIVE #215 HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1815 Griffin Road, Suite 301 Dania Beach, FL 33433 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		Date: 4/28/03 Daytime Phone: 954 925 2990	

CPE008 (10/02)