FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600017896216
05/02/03--01056--013 **50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017032

1. Entity Name
DCOB, LLC

Principal Place of Business	Mailing Address
400 LESLIE DRIVE SUITE 215 HALLANDALE, FL 33009 US	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

~~APLER, 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 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 (X) Sidney Adler
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when electronically) DATE

FILING FEE: $ 150.00
Make Check Payable to Florida Department of State
DUE BY MAY 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
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	☒ Change ☐ Addition 1815 Griffin Road, Suite 301 Dania Beach, Fl 33433
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	☒ Change ☐ Addition 1815 Griffin Road, Suite 301 Dania Beach, Fl 33433
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

CR2E083 (10/02)

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: (X)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/03
Date

954 925 2990
Daytime Phone #