## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # L01000018856** 04-28-2006 90028 033 \*\*\*\*50 00 GAMBURD HOLDINGS, L.L.C. Principal Place of Business Mailing Address 1930 HARRISON STREET STE 202 1930 HARRISON STREET STE 202 MAAAAAITO HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 01172006 No Chg-LLC CR2E083 (11/05) DO NOT BERTH IN THIS SPACE Applied For 4. FEI Number 65-1156164 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GAMBURD, DANIEL DO ROT WASTE 1930 HARRISON STREET STE 202 HOLLYWOOD, FL 33020 N 118 8 22 11 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) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM DG INVESTMENTS LIMITED INC. NAME **1543 NE 194TH STREET** STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 MGRM TITLE GAMBURD, DANIEL NAME STREET ADDRESS **1543 NE 194TH STREET** CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 TITLE NAME STREET ADDRESS DO YOT WRITE CITY-ST-7IP V 78 8300 -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 11. I hereby certify that the information subplied with this filling 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. 4/25/06 786-282-6703 SIGNATURE: PRINTED MAKE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # SIGNATURE AND

FILED