

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020623

Entity Name: DUBI PROPERTIES LLC

FILED
Apr 02, 2004
Secretary of State

Current Principal Place of Business:

3200 OCEAN NORTH DRIVE
UNIT 2210
FT. LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

LARRY SOLOMON
2147 NORTH WESTERN AVENUE
CHICAGO, IL 60647 US

New Mailing Address:

LARRY SOLOMON
P.O. BOX 30457
FORT LAUDERDALE, FL 33303 US

FEI Number: 30-0009863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

M. DANIEL HUGHES PA
3000 NORTH FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE, FL 33306 US

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.

SIGNATURE: M. DANIEL HUGHES

04/02/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SOLOMON, LARRY
Address: 3200 N. OCEAN, #2210
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: MGRM () Delete
Name: BLAQUISE, MOSHE
Address: 1609 N. RIVERSIDE
City-St-Zip: POMPANO BEACH, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LARRY SOLOMON

MGR

04/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date