2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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MANAGING MEMBERS/MANAGERS

DOCUMENT # L02000028287

1. Entity Name 3055 5TH AVENUE NORTH, L.L.C.



FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business 3055 5TH AVE. NORTH ST PETERSBURG, FL 33713 Mailing Address

3055 5TH AVE. NORTH ST PETERSBURG, FL 33713



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For 11-3659958 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S 1245 COURT ST., STE. 102 CLEARWATER, FL 33756

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 The above named entity submits this statement for the purpose of cha the obligations of registered agent 	anging its registered office of registered agent, or both, in the	State of Fiorida. I am familiar with, and accept
Signature typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Foo is \$50.00		

Filing Fee is \$50.00 Due by May 1, 2004

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DB HOLDINGS, L.L.C. 3055 5TH AVE. NORTH ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	

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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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

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× 4-28-04

Daytime Phone #