2005 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L02000028287** 1. Entity Name 3055 5TH AVENUE NORTH, L.L.C. Mailing Address Principal Place of Business 3055 5TH AVE. NORTH 3055 5TH AVE. NORTH ST PETERSBURG, FL 33713 ST PETERSBURG, FL 33713 04262005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 11-3659958

FILED Apr 30, 2005 08:00 AM Secretary of State



CR2E083 (10/03)

Applied For 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

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent	nging its registere	d office or registered agent, or both, in the Stat	e of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Partition	Agent signature required when reinstating)	DATE
	Signature, typed or printed name or registered agent and title it applicable.	[NOTE, Registered	Agent signatore required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2005	. –	· ·	· - _. .
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·	≥≥
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DB HOLDINGS, L.L.C. 3055 5TH AVE. NORTH ST PETERSBURG, FL 33713		USSOSSTONO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ander a state de la	00000350009 05/02/05-80088-008 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10.00	DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, "	IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-7IP				

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE