

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031782

FILED
Apr 13, 2004
Secretary of State

Entity Name: DBGH LTD. CO.

Current Principal Place of Business:

266 SW 180TH AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

10039 WINDING LAKE ROAD
SUNRISE, FL 33351

Current Mailing Address:

266 SW 180TH AVENUE
PEMBROKE PINES, FL 33029

New Mailing Address:

10039 WINDING LAKE ROAD
SUNRISE, FL 33351

FEI Number: 82-0573730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERZFELD, GARY
266 SW 180TH AVENUE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

BECERRA, DANIEL
10039 WINDING LAKE ROAD
SUNRISE, FL 33351 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: DANIEL BECERRA

04/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HERZFELD, GARY MGRM
Address: 266 SW 180 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM (X) Delete
Name: BECERRA, DANIEL MGRM
Address: 266 SW 180 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BECERRA, DANIEL MGRM
Address: 10039 WINDING LAKE ROAD
City-St-Zip: SUNRISE, FL 33351 US

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: DANIEL BECERRA

MGRM

04/13/2004

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