


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034365 1. Entity Name DBR ASSET MANAGEMENT, LLC	
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Principal Place of Business 1 FINANCIAL PLAZA SUITE 2001 FT. LAUDERDALE, FL 33394	Mailing Address 1 FINANCIAL PLAZA SUITE 2001 FT. LAUDERDALE, FL 33394
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3887519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BELT, A.J. 1 FINANCIAL PLAZA SUITE 2001 FT. LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000403823
02/06/06-80023-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPC BELT, AJ III 1 FINANCIAL PLAZA #2001 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP DANE, JAN W 1 FINANCIAL PLAZE #2001 FORT LAUDERDALE, FL 33394
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: AS Belt 1/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #