

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90014 015 \*\*\*\*50.00

DOCUMENT # L02000034365

1. Entity Name



DBR ASSET MANAGEMENT, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

1 Financial Plaza

Suite, Apt. #, etc.

2001

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33394

USA

4. FEI Number

22-3887519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Vice President, COO  
NAME AJ Belt III  
STREET ADDRESS 1 Financial Plaza #2001  
CITY-ST-ZIP Ft. Lauderdale, FL 33394

TITLE President, CEO  
NAME Jan W. Dane  
STREET ADDRESS 1 Financial Plaza #2001  
CITY-ST-ZIP Ft. Lauderdale, FL 33394

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

SIGNATURE:

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

Date

Daytime Phone #

03-07-2003

(954) 523-2070

CR2E083B (12/02)