2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

DOCU	MENT # L030000001	39					
1. Entity Name		**			FILED		
DSB LAND, LLC					Aug 11, 2008 (Secretary of	8:00 A State	M
Principal Place of Business		Mailing Address .			Secretary of	State	
1101 6TH AVENUE WEST, SUITE 101		1101 6TH AVENUE WEST, SUITE 101					
BRADENTON FL 34205		BRADENTON FL 34205					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			2nd MOORE CR2	E083 (4/08)	
City & State		City & State			4. FEI Number NO-T APPLICAE	LE No	pplied For ot Applicable
Zíp	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Curren	Registered Agent Name			7. Name and Address of New Register	ed Agent	
BLALACK, DAN S JR 1101 6TH AVE WEST				Street Address (P.O. Box Number is Not Acceptable)			
SUI"	TE 101						
BRADENTON FL 34205		City				Zip Cod	le
 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. the obligations of registered agent. 							and accept
SIGNATURE							
. FILE NOW!!! FEE IS \$538.75 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00							
•		Make Check Payable	that the Property and the first to		late fee. By checking thi	s box, the limit	ted liability
			September 3.	2008	company certifies it did no	receive prior no	otice. Fee to
9. MANAGING MEMBE		20 9 22 July 20 4 122 100	10.	¹ 38年八十八百万	ADDITIONS/CHAN	ES	
TITLE	MGRM	☐ Delete	TITLE			Change	☐ Addition
NAME	BLALOCK, DAN S JR.		NAME		1/2000000000000000000000000000000000000		
			STREET ADDRESS		U00000957549 08/11/08-80005-	∩∩6 138.	75
CITY-ST-ZIP	BRADENTON FL 34205		CITY-ST-ZIP	ļ <u>-</u> -	507 117 00 30000		
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		***	Change	Addition
NAME		. • •	NAME '	İ	·	•	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME MINIST ASSESSED				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby of indicated limited lie	certify that the information supplied with on this report is due and accurate and hilling company of the	n this filing does not qualify for the that my signature shall have the	he exemptions co	entained in ct as if mad	Chapter 119, Florida Statutes, I further ce de under oath; that I am a managing me	rtify that the info nber or manage	ermation or of the