

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90145 041 ****50.00

DOCUMENT # L03000000159 1. Entity Name D&B IMPORTS LLC			
Principal Place of Business 801 BRICKELL KEY BOULEVARD SUITE # 3104 MIAMI, FL 33131		Mailing Address 801 BRICKELL KEY BOULEVARD SUITE # 3104 MIAMI, FL 33131	
2. Principal Place of Business 8826 WEST FLAGLER ST. Suite, Apt. #, etc. # 112 City & State MIAMI, FL Zip 33174 Country U.S.A.		3. Mailing Address 8826 WEST FLAGLER ST. Suite, Apt. #, etc. # 112 City & State MIAMI, FL Zip 33174 Country U.S.A.	
4. FEI Number 68-0535019		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04292004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent OLECH, DANIEL 801 BRICKELL KEY BOULEVARD # 3104 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name DANIEL OLECH Street Address (P.O. Box Number is Not Acceptable) 8826 WEST FLAGLER ST., #112 City MIAMI FL Zip Code 33174	
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 <u><i>Daniel Olech</i></u> DANIEL OLECH <u>04/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLECH, DANIEL <input type="checkbox"/> Delete 801 BRICKELL KEY BOULEVARD, # 3104 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL OLECH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8826 WEST FLAGLER ST., #112 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHELSE, BARBARA <input type="checkbox"/> Delete 801 BRICKELL KEY BOULEVARD, # 3104 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBARA MICHELSE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8826 WEST FLAGLER ST., #112 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Daniel Olech</i></u> DANIEL OLECH		<u>04/26/04</u> 305-773-7385 <small>Date Daytime Phone #</small>	