

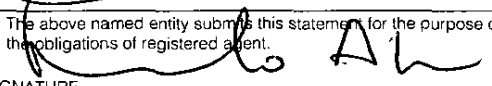


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

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| DOCUMENT # L03000012248 1. Entity Name DOBAG, L.L.C. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 | | | Mailing Address 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 18851 NE 29th AV Suite, Apt. #, etc. 900 | | 3. Mailing Address 18851 NE 29th AV Suite, Apt. #, etc. 900 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Aventura, Florida | | City & State Aventura, FL | | 4. FEI Number 87-0695203 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33180 Country USA | | Zip 33180 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 | | | 7. Name and Address of New Registered Agent Name LEONARDO A. ROTH Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AV, STE 900 City Aventura, FL Zip Code 33180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  LEONARDO A. ROTH, Esq 2/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE MEMR NAME MARIANA SASLAFSKY STREET ADDRESS 18851 NE 29th AV, STE 900 CITY-ST-ZIP Aventura, FL 33180 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | TITLE MEMR NAME MARIANA SASLAFSKY STREET ADDRESS 18851 NE 29th AV, STE 900 CITY-ST-ZIP Aventura, FL 33180 | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | |
| TITLE MEMR NAME MARIANA SASLAFSKY STREET ADDRESS 18851 NE 29th AV, STE 900 CITY-ST-ZIP Aventura, FL 33180 | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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:  MARIANA SASLAFSKY, MEMR. 7862790000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2/19/04.