

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


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**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90017 008 \*\*\*\*50.00

**DOCUMENT # L03000019988**

1. Entity Name  
**DB FLORIDA VENTURES, LLC**



Principal Place of Business  
**300 DUNES BLVD  
 UNIT 805  
 NAPLES, FL 34110 US**

Mailing Address  
**1310 BRANDYWINE  
 LIBERTYVILLE, IL 60048 US**

34009107



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04302004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
 Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent  
**ROSS, DONALD K JR  
 599 NINTH STREET N.  
 SUITE 300  
 NAPLES, FL 34102**

7. Name and Address of New 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**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 BARNETT, DONNA 1310 BRANDYWINE LIBERTYVILLE, IL 60048 <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
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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)(f), 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: Donna Barnett **4/30/04** **847-724-9477**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment 34009107  
#L03000019988

**DONNA BARNETT**  
**1310 BRANDYWINE**  
**LIBERTYVILLE, IL 60048**

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July 2, 2004

Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

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Re: DB FLORIDA VENTURES LLC

Dear Madam/Sir:

I am in receipt of your request for additional information relating to the 2004 Limited Liability Company Annual report for my above referenced LLC. I have made the change on the form indicating that the FEI is not applicable. My Company is a single member LLC, and accordingly, I was not required to obtain a FEI number. Please accept these changes and process my 2004 Annual Report. I have also received notification that if you do not receive this by September of 2004 you will begin the process of dissolving my LLC. I do not want to dissolve our Company, so hopefully this will put me back in good standing. I would appreciate it if you could confirm your receipt so I am assured that my Company will not be dissolved. Thank you for your attention to this matter.

Very truly yours,

*Donna Barnett*

Donna Barnett