

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

FILED  
Apr 19, 2009  
Secretary of State

DOCUMENT# L03000019988

Entity Name: DB FLORIDA VENTURES, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

300 DUNES BLVD  
UNIT 805  
NAPLES, FL 34110 US

**Current Mailing Address:**

**New Mailing Address:**

1310 BRANDYWINE  
LIBERTYVILLE, IL 60048 US

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BARNETT, DONNA A  
300 DUNES BLVD  
UNIT #805  
NAPLES, FL 34110 US

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.

SIGNATURE: \_\_\_\_\_  
                                    Electronic Signature of Registered Agent                                      Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Delete  
Name:                      BARNETT, DONNA  
Address:                      1310 BRANDYWINE  
City-St-Zip:                      LIBERTYVILLE, IL 60048 US

Title:                      ( ) Change                      ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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                                      MGRM                                      04/19/2009  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date