


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90106 043 \*\*\*\*50.00

**DOCUMENT # L03000021060**

1. Entity Name  
**DBKN, L.L.C.**



Principal Place of Business      Mailing Address  
**3972 N.E. 171 STREET**      **3972 N.E. 171 STREET**  
**NORTH MIAMI BEACH FL 33160**      **NORTH MIAMI BEACH FL 33160**

**24009658**



MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>54-2113556</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SEEK, NANCY**  
**3972 N.E. 171 STREET**  
**NORTH MIAMI BEACH FL 33160**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR <input type="checkbox"/> Delete
NAME	MILLER, WESLEY JR.
STREET ADDRESS	3972 N.E. 171 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	MGR <input type="checkbox"/> Delete
NAME	MILLER, BROOK P
STREET ADDRESS	3972 N.E. 171 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	MGR <input type="checkbox"/> Delete
NAME	MILLER, KEVIN J
STREET ADDRESS	3972 N.E. 171 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	MGR <input type="checkbox"/> Delete
NAME	SEEK, NANCY
STREET ADDRESS	3972 N.E. 171 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Nancy Seek      NANCY Seek      2/02/04      305-945-9130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #