2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030686



FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90032 045 ****50.00

Principal Place of Discress	DB ISLAN	ЙORADA, LLC									
Suite. Apt. #. etc. Suite. Apt. #. etc. CRy & State CRy & State CRy & State A. FEI Number Adoption of Food and Applied For No. Applied For	501 CONTINENTAL PLAZA 501 CONTINENTAL P 3250 MARY ST. 3250 MARY ST.		501 CONTINENTAL PLAZ 3250 MARY ST.								
City & State Country C	2. Principal Place of Business		3. Mailing Address								
Zip Country Zip Country Zip Country S. Certificate of Status Desired S. Certificate of Status Desired September Septem	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312005	Chg-LLC	CR2E083	3 (10/03)		
S. Certificate of Status Desired Fee Required	City & State		City & State			i i					
RONIC STEVEN C 307 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133 City FL Zip Code Make check payable to Florida Department of State P. MANAGING MEMBERS/MANAGERS INLE MGRM DANA SIRES MORES CITY-ST-ZP COCONUT GROVE, FL 33133 CITY-ST-ZP CITY-ST-ZP TILL MAKE SIRES MORES CITY-ST-ZP TILL MAKE SIRES MORES CITY-ST-ZP TILL MAKE SIRES MORES CITY-ST-ZP CITY-ST-ZP TILL MAKE SIRES MORES CITY-ST-ZP CITY-ST-ZP TILL MAKE SIRES MORES SIRES MORES SIRES MORES	Zip	Country	Zip	Country		5. Certificate	of Status Desired				
STEVEN C 307 CONTINENTAL PLAZA 3250 MARY ST. COCONUT GROVE, FL 33133 City FL Zip Code City FL Zip Co	6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	egistered Ag	ent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Make check payable to Plorida Department of State Plorida	CRONIG STEVEN C			Na	Name ————————————————————————————————————						
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Tilling Fee is \$50.00	307 CONT	INENTAL PLAZA		Street Address			er is Not Acceptable)		<u> </u>	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00				<u> </u>					Zip Cod		
THE MARE SIRET ADDRESS CITY-ST-2P COCONUT GROVE, FL 33133	The shows named entity submits this statement for the number of changing its species				·	ed agent or hot	h in the State of Flor		<u></u>		
Filling Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State State											
Part	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
Part											
TITLE NAME BERMAN, DANA STREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P Addition	Filing Fee is \$50.00 Due by May 1, 2005									9	
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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		certify that the information supplied with	this filing does not qualify for t			ection 119.07(3)(i), Florida Statutes. I	further certify	that the ir	nformation	

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:
BIGNATURE AND TYPED OF FRINTE NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-26-2005

Daytime Phone #