

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90074 021 ****50.00

DOCUMENT # L03000030686

1. Entity Name
DB ISLAMORADA, LLC



Principal Place of Business
501 CONTINENTAL PLAZA
3250 MARY ST.
COCONUT GROVE, FL 33133

Mailing Address
501 CONTINENTAL PLAZA
3250 MARY ST.
COCONUT GROVE, FL 33133

00044000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

36-2387204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRONIG, STEVEN C
307 CONTINENTAL PLAZA
3250 MARY ST.
COCONUT GROVE, FL 33133

Name JAMES D GASSENHEIMER
Street Address (P.O. Box Number is Not Acceptable)
JAMES D. Gassenheimer TA
3250 Mary Street, Suite 307
City Coconut Grove FL Zip Code 33133

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DBI MANAGER INCORPORATED
501 CONTINENTAL PLAZA, 3250 MARY STREET
COCONUT GROVE, FL 33133 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #