


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90037 024 ***138.75

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	
2. Principal Place of Business - No P.O. Box # 3250 Mary St.		3. Mailing Address 3250 Mary St.	
Suite, Apt. #, etc. Suite 402		Suite, Apt. #, etc. Suite 402	
City & State Coconut Grove, FL		City & State Coconut Grove, FL	
Zip 33133	Country	Zip 33133	Country
4. FEI Number 36-2387204-56-2387261		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSENHEIMER, JAMES D PA 3250 MARY STREET STE 307 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Michael Goldberg Street Address (P.O. Box Number is Not Acceptable) 3250 Mary Street Suite 402 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/30/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael Goldberg (Receiver) 3250 Mary St, Suite 402 Coconut Grove, FL 33133 <input type="checkbox"/> Change <input checked="" 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 4/30/08 <small>Date Daytime Phone #</small>	