


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90287 025 ****50.00

DOCUMENT # L03000042662	
1. Entity Name DBC, LLC	

Principal Place of Business 18290 PAULSON DRIVE UNIT A-4 PORT CHARLOTTE, FL 33954 US	Mailing Address 18290 PAULSON DRIVE UNIT A-4 PORT CHARLOTTE, FL 33954 US
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2. Principal Place of Business 19800 VETERANS BLVD Suite, Apt. #, etc. UNIT B5	3. Mailing Address 19800 VETERANS BLVD Suite, Apt. #, etc. UNIT B5
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City & State PORT CHARLOTTE	City & State PORT CHARLOTTE
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Zip 33954	Country CHARLOTTE	Zip 33954	Country CHARLOTTE
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6. Name and Address of Current Registered Agent BRADLEY, COMBS W 18290 PAULSON DRIVE UNIT A-4 PORT CHARLOTTE, FL 33954	7. Name and Address of New Registered Agent Name: Bradley, Combs W Street Address (P.O. Box Number is Not Acceptable): 19800 VETERANS BLVD Unit B5 City: PORT CHARLOTTE FL 33954
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4. FEI Number 30-0421605	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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.
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and the filer (applicable)</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMBS, BRADLEY W 1009 TROPICAL AVENUE PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition
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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 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.
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SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 4-12-04	Daytime Phone #
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