2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90131 050 ****50.00

DOCUMENT # L03000042662

1. Entity Name
DBC, LLC

Principal Place of Business	Mailing Address
19800 VETERANS BLVD UNIT B5 PORT CHARLOTTE, FL 33954 US	19800 VETERANS BLVD UNIT B5 PORT CHARLOTTE, FL 33954 US

02072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1009 TROPICAL AV	1009 TROPICAL AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE	City & State: PORT CHARLOTTE
Zip: 33948 Country: CHARLOTTE	Zip: 33948 Country: CHARLOTTE

4. FEI Number: 20-0421605 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, COMBS W
19800 VETERANS BLVD
UNIT B5
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): 1009 TROPICAL AV
City: PORT CHARLOTTE FL Zip Code: 33948

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] 2-8-06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	COMBS, BRADLEY W	
STREET ADDRESS	1009 TROPICAL AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 2-8-06 941-627-3822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #