
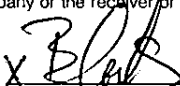


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042662 1. Entity Name DBC, LLC			FILED 07 FEB 27 PM 5:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																								
Principal Place of Business 1009 TROPICAL AVE PORT CHARLOTTE, FL 33948 US		Mailing Address 1009 TROPICAL AVE PORT CHARLOTTE, FL 33948 US																																									
DO NOT WRITE IN THIS SPACE		 02132007 No Chg-LLC CR2E083 (11/05)																																									
6. Name and Address of Current Registered Agent COMBS, BRADLEY W 1009 TROPICAL AVE PORT CHARLOTTE, FL 33948		DO NOT WRITE IN THIS SPACE																																									
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. (NOTE: Registered Agent Signature required when reinstating) DATE</small>																																											
Filing Fee is \$50.00 Due by May 1, 2007																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>COMBS, BRADLEY W</td></tr><tr><td>STREET ADDRESS</td><td>1009 TROPICAL AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>PORT CHARLOTTE, FL 33948</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	COMBS, BRADLEY W	STREET ADDRESS	1009 TROPICAL AVENUE	CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="text-align: right; padding-right: 20px;">400093705254 03/19/07--01002--008 **200.00</div> DO NOT WRITE IN THIS SPACE	
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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: 		X 2-15-07																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #																																								