2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

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Jul 25, 2005 8:00 am **Secretary of State DOCUMENT # L03000053662** 1. Entity Name 07-25-2005 90041 012 ****50.00 DHB LLC Principal Place of Business Mailing Address 5507 FIRST AVENUE DRIVE N.W. 5507 FIRST AVENUE DRIVE N.W. BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 release Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Floride Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR MILE Delete MLE Change ■ Addition BOSCH, DEVIN NAME MALEF 5507 FIRST AVENUE DRIVE N.W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP BRADENTON, FL 34209 CITY-ST-ZIP TITLE TIME. Delete Change Addition | **BOSCH, HEATHER** HALE 5507 FIRST AVENUE DRIVE N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition BOSCH, DANIEL NAME NAME STREET ADDRESS 5507 FIRST AVENUE DRIVE N.W. STREET ADDRESS BRADENTON, FL 34209 CHY-ST-7P CITY-ST-7P TITLE Detete MBF ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NUME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

DEVIN BOLCH

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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