### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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#### DOCUMENT # L03000055898 1. Entity Name DABO, LLC



FILED
May 01, 2006 08:00 A
Secretary of State

Principal Place of Business

6101 BLUE LAGOON DR., SUITE 430 MIAMI, FL 33126

Mailing Address

6101 BLUE LAGOON DR., SUITE 430 MIAMI, FL 33126



04282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1167865

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, ALISON P 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES, FL 33134

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<ol><li>The above named entity submits this statement for the purpose of changing the obligations of registered agent.</li></ol>	ng its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNATURE Stockies broad or printed page of repistaved agent and little it applicable	(NOTE Registered Apart signature required when relocation)	DATE

#### Filing Fee is \$50.00 Due by May 1, 2006

U00000546596 U5/11/06-80122-015 50.00

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9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ANCONA, IRMA 6101 BLUE LAGOON DRIVE, STE 430 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOLIS, ROLAND 6101 BLUE LAGOON DRIVE, STE 430 MIAMI, FL 33126
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-12-11

202-997-130

Date

Daytime Phone #