2006 LIMITED LIABILITY COMPANY

Apr 03, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000004684** 04-03-2006 90066 043 ****50.00 1. Entity Name DBI LLC Principal Place of Business Mailing Address 1659 URBANG AVE 1659 URBANG AVE DELTONA, FL 32725 US DELTONA, FL 32725 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State 4. FFI Number 20-0620121 Not Applicable Zip Соильту Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, DAVID L Street Address (P.O. Box Number is Not Acceptable) 177 EAST FLOYD AVENUE LAKE MARY, FL 32746 City Zip Code 8. The above named antity 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 againt. 2-27-06 SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE □ Delete TITLE ☐ Change ☐ Addition BROWN, DAVID L. NAME NAME 177 EAST FLOYD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED