
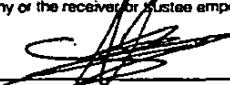


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90113 035 \*\*\*\*50.00

DOCUMENT # L0400005707			
1. Entity Name DIS VINTAGE LLC			
Principal Place of Business 234 POINCIANA DRIVE SUNNY ISLES BEACH, FL 33160		Mailing Address 234 POINCIANA DRIVE SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business 7455 NE 2nd Avenue Suite, Apt. #, etc.		3. Mailing Address 7455 NE 2nd Avenue Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33138		Zip 33138	
Country USA		Country USA	
4. FEI Number 23-0388273		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SABBAN, DANIEL 234 POINCIANA DRIVE SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name: Sabban, Daniel Street Address (P.O. Box Number is Not Acceptable) 7455 NE 2nd Avenue City: Miami FL 33138	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SABBAN, DANIEL 234 POINCIANA DRIVE SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sabban Daniel 7455 NE 2nd Avenue Miami, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		Daniel SABBAN Manager 01-28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30003837



01062005 Chg-LLC CR2E083 (10/03)