2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017402

City-St-Zip:

FORT LAUDERDALE, FL 33309

Entity Name: DPI OF NORTH BROWARD, LLC

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3217 N.W. 10TH TERR, STE 304 FORT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 3217 N.W. 10TH TERR, STE 304 FORT LAUDERDALE, FL 33309 FEI Number: 80-0100892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. 515 EAST PARK AVE TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete DEKKERS, HOWARD Name: Name: Address: 3217 NW 10TH TERRACE #304 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DEKKERS, ROSINA Name: Address: 3217 NW 10TH TERRACE #304 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FORMAN, WALTER Name: Name: 3217 NW 10TH TERRACE #317 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: HOWARD DEKKERS MGR 02/03/2009