


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022740

1. Entity Name
 DBM, LLC



Principal Place of Business Mailing Address

133 NORTH FLORENCE STREET 133 NORTH FLORENCE STREET
 BURBANK, CA 91505 BURBANK, CA 91505



04262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 20-0914554 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BASHAM, ROBERT D
 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

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 relating) DATE _____

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

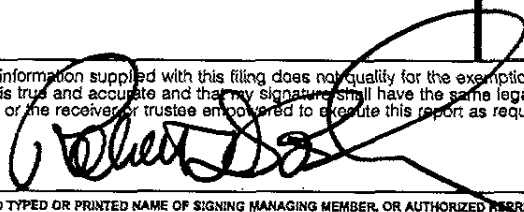
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 04/28/06-2006-021 50 00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASHAM, ROBERT D 2202 N. WEST SHORE BLVD., 5TH FLOOR TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE

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:  Date: 4/27/06 Daytime Phone #: 813-262-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #