


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L04000022740	
1. Entity Name DBM, LLC	

Principal Place of Business 133 NORTH FLORENCE STREET BURBANK, CA 91505	Mailing Address 133 NORTH FLORENCE STREET BURBANK, CA 91505
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DO NOT WRITE IN THIS SPACE

02282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0914554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

UD00000657284
 03/14/07-80055-020 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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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:  **3-1-07** **813-282-1225**

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