


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90037 041 ***138.75

DOCUMENT # L04000046233

1. Entity Name
DB BILOXI II, L.L.C.



Principal Place of Business Mailing Address

501 CONTINENTAL PLAZA 501 CONTINENTAL PLAZA
 3250 MARY STREET 3250 MARY STREET
 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3250 Mary Street **3250 Mary Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 402 **Suite 402**

City & State City & State

Coconut Grove, FL **Coconut Grove, FL**

Zip Country Zip Country

33133 **33133** **33133** **33133** **33133** **33133** **33133** **33133** **33133** **33133**

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

90-0182926 Not Applicable

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

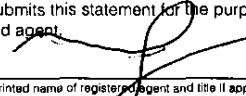
6. Name and Address of Current Registered Agent

GASSENHEIMER, JAMES D
3250 MARY ST
SUITE 307
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name: **Michael Goldberg**
 Street Address (P.O. Box Number is Not Acceptable): **3250 Mary St.**
Suite 402
 City: **Coconut Grove** FL Zip Code: **33133**

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: **4/30/08**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DB BILOXI II MANAGER INCORPORATED 501 CONTINENTAL PLAZA COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Michael Goldberg (receiver) 3250 Mary St. Suite 402 Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **4/30/08**

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