

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047076

Entity Name: DBS INTERESTS LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1784 HOLLAND COURT
LONGWOOD, FL 32779

New Principal Place of Business:

3720 MESSINA DRIVE
LAKE MARY, FL 32746

Current Mailing Address:

1784 HOLLAND COURT
LONGWOOD, FL 32779

New Mailing Address:

3720 MESSINA DRIVE
LAKE MARY, FL 32746

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUART, DAVID L
1784 HOLLAND COURT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

STUART, DAVID L
3720 MESSINA DRIVE
LAKE MARY, FL 32746 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:

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STUART, DAVID L
Address: 1784 HOLLAND COURT
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: STUART, BONNIE J
Address: 1784 HOLLAND COURT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STUART, DAVID L
Address: 3720 MESSINA DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: MGR (X) Change () Addition
Name: STUART, BONNIE J
Address: 13720 MESSINA DRIVE
City-St-Zip: LAKE MARY, FL 32746

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.

SIGNATURE: DAVID L. STUART

MGR

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date