

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051134

Entity Name: CB-DH, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

7751 KINGSPONTE PARKWAY
SUITE 124
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7751 KINGSPONTE PARKWAY
SUITE 124
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONILLA, CARLOS J
7751 KINGSPONTE PARKWAY, SUITE 124
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: HARPER, DAN
Address: 7751 KINGSPONTE PARKWAY, #124
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: BONILLA, CARLOS J
Address: 7751 KINGSPONTE PARKWAY, SUITE 124
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM (X) Delete
Name: SHAPIRO, HOWARD
Address: 3861 NORTH 31ST TERRACE
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS J BONILLA, ESQ

MGRM

04/28/2006

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