

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2005 8:00 am
Secretary of State

04-04-2005 90427 050 ****50.00

DOCUMENT # L04000063510 1. Entity Name DFB SHOP ASSOCIATES, LLC																															
Principal Place of Business 1560 SW 14TH DRIVE BOCA RATON, FL 33486		Mailing Address 1560 SW 14TH DRIVE BOCA RATON, FL 33486																													
2. Principal Place of Business 2424 N. Federal Hwy Suite, Apt. #, etc. Suite 455 City & State Boca Raton FL Zip 33431 Country USA		3. Mailing Address 2424 N. Federal Hwy Suite, Apt. #, etc. Suite 455 City & State Boca Raton FL Zip 33431 Country USA																													
4. FEI Number 20-1548869		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent ROSENBERG, ANN M 1560 SW 14TH DRIVE BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Rosenberg, Ann M Street Address (P.O. Box Number is Not Acceptable) 2424 N. Federal Hwy Suite 455 City Boca Raton FL 33431																													
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 <u><i>Ann M Rosenberg</i></u> DATE <u>3/31/05</u> (Signature, typed in printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstated)																															
Filing Fee is \$60.00 Due by May 1, 2005		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☒ Delete </td> </tr> <tr> <td style="padding: 2px;"> MGRM ANNROSE ENTERPRISES, LLC 1560 SW 14TH DRIVE BOCA RATON, FL 33486 </td> <td style="padding: 2px;"></td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	MGRM ANNROSE ENTERPRISES, LLC 1560 SW 14TH DRIVE BOCA RATON, FL 33486			☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete	10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☒ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> MGRM Ann Rose Enterprises LLC 2424 N. Federal Hwy Ste. 455 Boca Raton FL 33431 </td> <td style="padding: 2px;"></td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	MGRM Ann Rose Enterprises LLC 2424 N. Federal Hwy Ste. 455 Boca Raton FL 33431			☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes. SIGNATURE: <u><i>Ann M Rosenberg</i></u> DATE: <u>3/31/05</u> DAYTIME PHONE: <u>561-416-9096</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																															