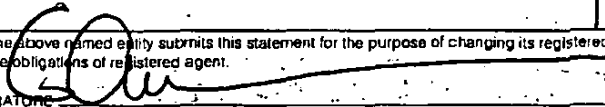
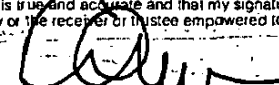


FILED
Apr 11, 2005 8:00 am
Secretary of State

01-28-2005 90073 045 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000067785			
1. Entity Name D'S STATION, LLC			
Principal Place of Business 1600 TOWN CENTER BLVD., SUITE C WESTON, FL 33326		Mailing Address 1600 TOWN CENTER BLVD., SUITE C WESTON, FL 33326	
2. Principal Place of Business 2110 N Ocean Blvd Suite, Apt. #, etc. Apt. 1802 City & State Ft Lauderdale FL Zip 33305 Country Broward		3. Mailing Address 2110 N Ocean Blvd Suite, Apt. #, etc. Apt. 1802 City & State Ft Lauderdale FL Zip 33305 Country Broward	
		01062005 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 70-1871588	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DESIMONE, ALFRED A 1600 TOWN CENTER BLVD., SUITE C WESTON, FL 33326		7. Name and Address of New Registered Agent Name Desimone Alfred A Street Address (P.O. Box Number is Not Acceptable) 2110 N Ocean Blvd Apt. 1802 City Ft Lauderdale FL Zip Code 33305	
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: 1/24/05			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM DESIMONE, ALFRED A 1600 TOWN CENTER BLVD., SUITE C WESTON, FL 33326 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 608, Florida Statutes. SIGNATURE:  DATE: 1/24/05 954 389 7825			