

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90027 022 ***138.75

DOCUMENT # L05000009011

1. Entity Name

DB PROPERTIES #1, LLC

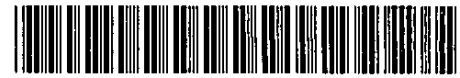


Principal Place of Business

3315 N.E. 15TH STREET
FT. LAUDERDALE FL 33304

Mailing Address

3315 N.E. 15TH STREET
FT. LAUDERDALE FL 33304



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-2241602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLODIG, GREGORY J
100 W. CYPRESS CREEK ROAD STE 700
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CASE, ROBERT
STREET ADDRESS 3315 N.E. 15TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ Change ☒ Addition
NAME Don marts / manager
STREET ADDRESS 1515 SW 15th place
CITY-ST-ZIP Ft Lauderdale, FL 33312

TITLE MGR ☐ Delete
NAME RORABECK, DAVID A
STREET ADDRESS 5539 S. MILITARY TRAIL
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Change ☒ Addition
NAME Juon Shunley manager
STREET ADDRESS P.O. Box 457
CITY-ST-ZIP Okeechobee, FL 34973

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert A Case / Managing Member

1/28/08

954-557-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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