

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040876

Entity Name: D.B.S. INVESTMENTS LLC

FILED  
Apr 25, 2008  
Secretary of State

**Current Principal Place of Business:**

5003 KEATON CREST DRIVE  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

5003 KEATON CREST DRIVE  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 71-0982288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL PILAR, VICTOR  
5003 KEATON CREST DRIVE  
ORLANDO, FL 32837 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: MGR ( ) Delete  
Name: KAROLLBECE INVESTMEN, TS, LLC  
Address: 4508 SHANEWOOD COURT  
City-St-Zip: ORLANDO, FL 32837

Title: MGR ( ) Delete  
Name: VILLASOL, LLC,  
Address: 1400 TURKEY LN  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR ( ) Delete  
Name: KEVSTIN INC.,  
Address: 5003 KEATON CREST DRIVE  
City-St-Zip: ORLANDO, FL 32837

**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 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: VICTOR DEL PILAR

MGR

04/25/2008

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