# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# L05000051954

**Entity Name:** OFFSHORE D.B.S., LLC

**Current Principal Place of Business:**

112 PONCE DELEON CIRCLE
PONCE INLET, FL 32127

**New Principal Place of Business:**

4926 SAILFISH DRIVE
PONCE INLET, FL 32127

**Current Mailing Address:**

112 PONCE DELEON CIRCLE
PONCE INLET, FL 32127

**New Mailing Address:**

4926 SAILFISH DRIVE
PONCE INLET, FL 32127

**FEI Number: 20-2897875** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

BAUER, KIRK T
223 S. WOODLAND BLVD.
DELAND, FL 32720 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: FORNARI, LAWRENCE J
Address: 112 PONCE DELEON CIRCLE
City-St-Zip: PONCE INLET, FL 32127

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: FORNARI, LAWRENCE J
Address: 4926 SAILFISH DRIVE
City-St-Zip: PONCE INLET, FL 32127

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: LAWRENCE FORNARI MGRM 05/01/2008

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