

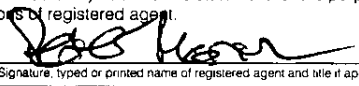
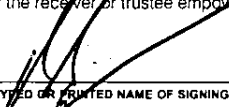


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90032 021 \*\*\*\*50.00

<b>DOCUMENT # L05000062188</b> 1. Entity Name <b>DBI HOLDINGS, LLC</b>					
Principal Place of Business <b>3911 PALM BEACH BLVD.</b> <b>FORT MYERS, FL 33916 US</b>			Mailing Address <del>15621 WENDY LANE</del> <b>FORT MYERS, FL 33905 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>3911 Palm Beh Blvd</b>  Suite, Apt. #, etc.  City & State <b>Fort Myers FL</b>  Zip                      Country <b>33916 US</b>			
07112007    Chg-LLC    CR2E083 (12/06)		4. FEI Number <b>30-0322312</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <del>DRUM, JULIE K</del> <b>Morin, Peter</b> <del>15621 WENDY LANE</del> <del>FORT MYERS, FL 33905</del>			
7. Name and Address of New Registered Agent Name <b>Peter M Morin</b> Street Address (P.O. Box Number is Not Acceptable) <b>8192 82nd St.</b>  City <b>Largo FL</b> Zip Code <b>33777</b>		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 <b>July 11/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>MORIN, PAUL L</b> <del>15621 WENDY LANE</del> <b>3911 Palm Beh Blvd</b> <b>FORT MYERS, FL 33905 33916</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Morin, Paul L</b> <b>3911 Palm Beh Blvd</b> <b>FT MYERS FL 33916</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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 Chapter 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: 			7-11-07    239 693-9400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date                      Daytime Phone #</small>		