2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State DOCUMENT # L05000069373 05-01-2006 90060 007 ****50.00 1. Entity Name D.B.M., L.L.C. Principal Place of Business Mailing Address 3402 RIVERSIDE DR. 3402 RIVERSIDE DR. CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business lo Mark I Toma ber C Suite, Apt. #, etc. 04212006 Chg-LLC CR2E083 (11/05) 10100 West Same 4. FEI Number Applied For City & State City & State 65-1263803 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 3306*5-*39773 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKENZIE, DENA B Street Address (P.O. Box Number is Not Acceptable) 3402 RIVERSIDE DR. #8 CORAL SPRINGS, FL 33065 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Pee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. THTLE MGRM TITLE ☐ Change ☐ Addition ☐ Delete MCKENZIE, DENA B NAME NAME 3402 RIVERSIDE DR. #8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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.

FILED

454-510-0109