2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000078718

1. Entity Name
DBDS MELBOURNE, LLC

Principal Place of Business	Mailing Address
501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133	501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133
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

04242007   Chg-LLC   CR2E083 (12/06)

4. FEI Number	Applied For
20-3383947	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
CRONIG, STEVEN C 307 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133	Name: James D. Gassenheimer Street Address (P.O. Box Number is Not Acceptable): James D. Gassenheimer P.A 3250 Mary Street, Suite 307 City: Coconut Grove FL Zip Code 33133

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 _____   4/27/07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	**10.** ADDITIONS/CHANGES
TITLE **MGR** NAME **DBDS MELBOURNE MANAGER INCORPORATED** STREET ADDRESS **3250 MARY STREET** CITY-ST-ZIP **COCONUT GROVE, FL 33133** ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #