

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000078718

FILED
Oct 13, 2008
Secretary of State**Entity Name:** DBDS MELBOURNE, LLC**Current Principal Place of Business:**3250 MARY STREET
SUITE 402
MIAMI, FL 33133**New Principal Place of Business:**1343 CASTILE AVENUE
CORAL GABLES, FL 33134**Current Mailing Address:**3250 MARY STREET
SUITE 402
MIAMI, FL 33133**New Mailing Address:**1343 CASTILE AVENUE
CORAL GABLES, FL 33134**FEI Number:** 20-3383947**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOLDBERG, MICHAEL
3250 MARY ST.
SUITE 402
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**BERMAN, DANA
1343 CASTILE AVENUE
CORAL GABLES, FL, FL 33134 US

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: DANA BERMAN

10/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: GOLDBERG, MICHAEL
Address: 3250 MARY STREET SUITE 402
City-St-Zip: COCONUT GROVE, FL 33133Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: D (X) Change () Addition
Name: BERMAN, DANA
Address: 1343 CASTILE AVENUE
City-St-Zip: CORAL GABLES, FL 33134Title: D () Change (X) Addition
Name: SCHWART, DAREN
Address: 13255 BISCAYNE BAY TERR
City-St-Zip: N MIAMI, FL 33181

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: DANA BERMAN

D

10/13/2008

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