

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000078724

1. Entity Name  
DBDS VERO BEACH, LLC



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

Mailing Address  
501 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE, FL 33133

2. Principal Place of Business - No P.O. Box #

**3250 Mary Street**

Suite, Apt. #, etc.

**SUITE 402**

City & State

**Coconut Grove, FL**

Zip

**33133**

3. Mailing Address

**3250 Mary Street**

Suite, Apt. #, etc.

**SUITE 402**

City & State

**Coconut Grove, FL**

Zip

**33133**

Country

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-3383798**

Applied For  
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

GASSENHEIMER, JAMES  
3250 MARY STREET STE 307  
COCONUT GROVE, FL 33133

Name **Michael Goldberg**  
Street Address (P.O. Box Number is Not Acceptable)  
**3250 Mary Street**

**Suite 402**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/08**

DATE

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE **MGR**  Delete  
NAME DBDS VERO BEACH MANAGER INCORPORATED  
STREET ADDRESS 3250 MARY STREET  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE **MGR**  Change  Addition  
NAME **Michael Goldberg (receiver)**  
STREET ADDRESS **3250 Mary Street Suite 402**  
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/30/08**

Daytime Phone #

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90035 016 \*\*\*138.75

**60037511**

