
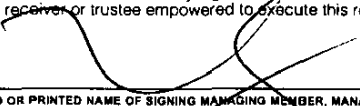


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L05000078724</b> 1. Entity Name <b>DBDS VERO BEACH, LLC</b>					
Principal Place of Business <b>501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133</b>			Mailing Address <b>501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133</b>		
2. Principal Place of Business - No P.O. Box # <b>3250 Mary Street</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Coconut Grove, FL.</b> Zip <b>33133</b>		3. Mailing Address <b>3250 Mary Street</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Coconut Grove, FL.</b> Zip <b>33133</b>		<b>60037511</b> 	
4. FEI Number <b>20-3383798</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04012008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>GASSENHEIMER, JAMES 3250 MARY STREET STE 307 COCONUT GROVE, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>Michael Goldberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>3250 Mary Street</b> <b>Suite 402</b> City <b>Coconut Grove</b> <b>FL</b> Zip Code <b>33133</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>4/30/08</b>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>DBDS VERO BEACH MANAGER INCORPORATED</b> <input checked="" type="checkbox"/> Delete <b>3250 MARY STREET</b> <b>COCONUT GROVE, FL 33133</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Michael Goldberg (receiver)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3250 Mary Street Suite 402</b> <b>Coconut Grove, FL 33133</b>	
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	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				DATE <b>4/30/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	