


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90035 013 ***138.75

DOCUMENT # L05000096102	
1. Entity Name DBDS NORTH MIAMI, LLC.	

Principal Place of Business 501 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133	Mailing Address 501 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133
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2. Principal Place of Business - No P.O. Box # 3250 Mary St. Suite, Apt. #, etc. SUITE 402 City & State Coconut Grove, FL. Zip 33133	3. Mailing Address 3250 Mary St. Suite, Apt. #, etc. SUITE 402 City & State Coconut Grove, FL. Zip 33133
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04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3559435

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GASSENHEIMER, JAMES D PA
3250 MARY STREET
SUITE 307
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

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 _____ DATE 4/30/08

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DBDS NORTH MIAMI MANAGER INCORPORATED 3250 MARY STREET, SUITE 501 COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael Goldberg (Receiver) 3250 Mary Street Suite 402 Coconut Grove, FL 33133 <input type="checkbox"/> Change <input checked="" 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
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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 4/30/08

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

60037514

