2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# L05000106615

Entity Name: DIGITAL BUSINESS, LLC

Current Principal Place of Business:

3955 NW 64TH PLACE
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

3955 NW 64TH PLACE
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 20-3737011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

SHIRLEY, KOZAKOFF A
401 NW 39TH ROAD
APT D
GAINESVILLE, FL 32607 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: SHIRLEY A KOZAKOFF 04/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KOZAKOFF, STEPHEN
Address: 3955 NW 64TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM ( ) Delete
Name: KOZAKOFF, JENNIFER
Address: 3955 NW 64TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KOZAKOFF, STEPHEN J
Address: 3955 NW 64TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM (X) Change ( ) Addition
Name: KOZAKOFF, JENNIFER A
Address: 3955 NW 64TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN J KOZAKOFF MGRM 04/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date