

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90037 040 ***138.75

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| DOCUMENT # L05000121721 | | | |  | |
| 1. Entity Name DB SIMPSONVILLE, 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 | | 04012008 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-3979339 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent GASSENHEIMER, JAMES D 3250 MARY STREET STE 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 <u>4/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| 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 | MGRM BERMAN, DANA J 501 CONTINENTAL PLAZA, 3520 MARY ST COCONUT GROVE, FL 33133 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM 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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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <u>4/30/08</u> Daytime Phone # _____ | | |