


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90029 036 \*\*\*\*55.00

<b>DOCUMENT # L06000028357</b> 1. Entity Name DSBF INVESTMENTS OF MIAMI, 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 # <i>13255 Biscayne Bay Terr.</i>				3. Mailing Address <i>13255 Biscayne Bay Terr.</i>	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State <i>N. Miami FL</i>				City & State <i>N. Miami FL</i>	
Zip <i>33181</i>				Zip <i>33181</i>	
Country <i>USA</i>				Country <i>USA</i>	
4. FEI Number <i>27-0140251</i>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				03212007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  CRONIG, STEVEN C 501 CONTINENTAL PLAZA, 3250 MARY STREET COCONUT GROVE, FL 33133				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, DAREN 501 CONTINENTAL PLAZA, 3250 MARY STREET COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Schwartz, Daren 13255 Biscayne Bay Terr. North Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FURSHMAN, BRETT 5944 CORAL RIDGE DRIVE, SUITE 125 CORAL SPRINGS, FL 33076	<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.					
<b>SIGNATURE:</b> _____ <i>[Signature]</i> <span style="float: right;">4/24/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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