2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L06000032385 1. Entity Name DB ATLANTA, LLC							04-30-2007 90074 026 ****50.00			
Principal Place of Business 3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133			Mailing Address 3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133			1.1889811	III BEIJA AIJJI BEIJI SAIJJ BAIJ	11 BENBBILLING ILBZB ENGLIGUEL GIZ	10 1 AN 1 11 1	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04242007	Chg-LLC	CR2E083 (12/06)			
City & State			City & State			4. FEI Numl 20-459		 	plied For t Applicable	
Zip –		Country	Zìp	itry	5. Certificat	e of Status Desired	\$5.00 Add Fee Required			
	6. Name	and Address of Current F				7. Name an	7. Name and Address of New Registered Agent			
CRONIG,	STEVEN	c		Name J	AMEE J	D. GASO	SENHELMER	K.20.		
3250 MAR SUITE 307	Y STREE				dress (P.O. Box Number is Not Acceptable)					
COCONU	T GROVE	, FL 33133			3250 City C	MARY	StREET		<u>7</u>	
					Coci		ROVE	FL 331	33	
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 Signature, typed or printed name of registered agent tags title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2007							1	e check payable to a Department of State	•	
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3250 MAI	NTA CLARION MANAGI RY STREET JT GROVE, FL 33133	☐ Delete ER INCORPORATED					☐ Change	☐ Addition	
TITLE	1		☐ Delete	TITL	E			☐ Change	Addition	
NAME CTREET LEDGECC	l			NAW						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE			☐ Delete	TITL	E			☐ Change	☐ Addition	
NAME STREET ADDRESS	ł			NAM	IE Eet address					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITE	E			☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
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STREET ADDRESS					EET ADDRESS					
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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 regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #