2008 LIMITED LIABILITY COMPANY

FILED May 01, 2008 8:00 am

ANNUAL REPORT					Secretary of State			
DOCUMENT # L06000032385 1. Entity Name DB ATLANTA, LLC					05-01	-2008 90037	045 ***13	38.75
Principal Place of Business 3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133		Mailing Address 3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133			6003762 5			
2. Principal Place of Business - No P.O. Box # 3250 Mary Street Suite, Apt. #, etc. Suite 402		3. Mailing Address 3250 Mary StrEET Suite, Apt. #, etc. Suite 402		04012008 Chg-LL	MULIU MULIU MULIUM LIKUM II	083 (12/06)		
Coconut Grove, Fl.		Coconut Grove Fl.		4. FEI Number 20-4596194		}— ↓—	plied For t Applicable	
^{Zip} 33133	Country	Zip 33133	Country		5. Certificate of Status De		\$5.00 Add Fee Required	itional
6. Name and Address of Current Registered Agent				Name	7. Name and Address of	New Registered	Agent	
GASSENHEIMER, JAMES D PA 3250 MARY STREET SUITE 307			\$	Michael Goldberg Street Address (P.O. Box Number is Not Acceptable) 3250 May Y Street				
COCONUT GROVE, FL 33133				Suite 402				
				Cocor	conut Grove FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		Make check p Florida Departn		*. ,			
MODIA			10.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOORESS 325	ichael Goldberg (Reckiver) 50 Mary Street Suite 402 000011 Grove, Fl. 33133			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-				□ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Defete	TITLE NAME STREET A CITY-ST-				☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET A	ADORESS			☐ Change	Addition

11. I hereby certify that the information supplied with this illing 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 training 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 trusted smpowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #