2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# L06000094883

Entity Name: DVB ENTERPRISES, LLC.

Current Principal Place of Business:

31 CORDONA DR.
KISSIMMEE, FL 34758 US

New Principal Place of Business:

549 BRENTFORD COURT
KISSIMMEE, FL 34758 US

Current Mailing Address:

31 CORDONA DR.
KISSIMMEE, FL 34758 US

New Mailing Address:

549 BRENTFORD COURT
KISSIMMEE, FL 34758 US

FEI Number: 20-5616957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, DAIN E
31 CORDONA DR.
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

BROWN, DAIN E
549 BRENTFORD COURT
KISSIMMEE, FL 34758 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: DAIN BROWN 04/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: BROWN, DAIN E
Address: 31 CORDONA DR.
City-St-Zip: KISSIMMEE, FL 34758 US

Title: VP ( ) Delete
Name: BROWN, VIVIENNE E
Address: 31 CORDONA DR.
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: BROWN, DAIN E
Address: 549 BRENTFORD COURT
City-St-Zip: KISSIMMEE, FL 34758 US

Title: VP (X) Change ( ) Addition
Name: BROWN, VIVIENNE E
Address: 549 BRENTFORD COURT
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify 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: DAIN BROWN P 04/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date