2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000100265 1. Entity Name DBA INVESTMENT, LLC.				05-01-2008 90037 044 ***138.75					8.75
Principal Place of Business 3250 MARY STREET SUITE 501 MIAMI, FL 33133 US Mailing Address 3250 MARY STREE SUITE 501 MIAMI, FL 33133 US			us			600376 1111 1111 1111 1111 1111 1111	26		16 1 1811
2. Principal Place of Business - No P.O. Box # 3250 Mary StrEET Suite, Apt. #, etc.		3. Mailing Address 3850 Mary S Suite, Apt. #, etc.		reet					
Suite 402 City & State		SuitE 402 City & State Coconut Grove		٦١	04012008 Chg-LLC 4. FEI Number 20-5720951		CR2E083 (12/06) Applied For		·
Zip 33133	Country		Country	*!		e of Status Desired	□ \$5 Fee	.00 Add Required	t Applicable itional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
GASSENHEIMER, JAMES D 3250 MARY STREET SUITE 307			St	Name Michael Goldberg Street Address (P.O. Box Number is Not Acceptable) 3250 Mary StrEET					
MIAMI, FL 33133			Ci	City	Syite 402 *Coconut Grove FL 233133				3.3
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							check paya Department		•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMAN, DANA J 3250 MARY STREET, SUITE 501 MIAMI, FL 33133	□ Delete	TITLE NAME STREET AD CITY-ST-2	DORESS 32	GRM ichael 50 Mari oconut	Goldberg Street, Grove, F	l (Rece Suite :	402	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD	DORESS		<u>, , , , , , , , , , , , , , , , , , , </u>		Change .	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AD	DORESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-ST-2	DORESS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	DORESS				Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AD					Change	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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING BEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/08

Daytime Phone #