


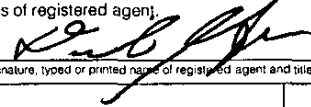
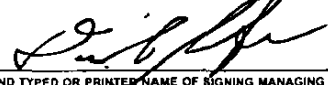
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90009 001 *1,248.75

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DOCUMENT # L07000032219			
1. Entity Name 2600 DBG, LLC			
Principal Place of Business 9122 GRIFFIN ROAD COOPER CITY, FL 33328		Mailing Address 9122 GRIFFIN ROAD COOPER CITY, FL 33328	
2. Principal Place of Business - No P.O. Box # 9116 Griffin Road		3. Mailing Address 9116 Griffin Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cooper City FL		City & State Cooper City FL	
Zip 33328	Country	Zip 33328	Country
4. FEI Number 20 8741736		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSSMAN, DANIEL B 9122 GRIFFIN ROAD COOPER CITY, FL 33328		7. Name and Address of New Registered Agent Name: Grossman Daniel B Street Address (P.O. Box Number is Not Acceptable): 9116 Griffin Road City: Cooper City FL Zip Code: 33328	
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: 		DATE: 4-18-08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: GROSSMAN, DANIEL B STREET ADDRESS: 9122 GRIFFIN ROAD CITY-ST-ZIP: COOPER CITY, FL 33328	<input type="checkbox"/> Delete	TITLE: MGR NAME: Grossman Daniel B STREET ADDRESS: 9116 Griffin Road CITY-ST-ZIP: Cooper City FL 33328	<input checked="" 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
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 4-18-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 680 7759	