
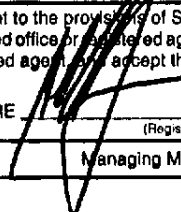
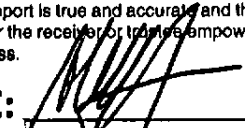


FILE NOW: Fee after May 1, will be \$588.75

FILED
Jun 16 1997 8:00am
Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000823	
DBM SYSTEMS, L.C. 240 WEST PALMETTO PARK ROAD SUITE 300 BOCA RATON FL 33432		1a. Principal Place of Business Address 240 WEST PALMETTO PARK ROAD SUITE 300 BOCA RATON FL 33432	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
1239 E. Newport Center Dr. Suite, Apt. #, etc. Site 110 City & State Deerfield Beach, FL Zip 33442 Country USA		1239 E. Newport Center Dr. Suite, Apt. #, etc. Suite 110 City & State Deerfield Beach, FL Zip 33442 Country USA	
3. Date Organized or Qualified		3a. State of Formation	
1/01/1995		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0613215			
5. Date of Last Report		6. Certificate of Status Desired	
04/29/1996		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
MANELA, ROBERT A 240 WEST PALMETTO PARK ROAD SUITE 300 BOCA RATON FL 33432		Name KRIPITZER, BARRY Street Address (P.O. Box Number is Not Acceptable) 1239 E. Newport Center Dr. Suite, Apt. #, etc. Site 110 City Deerfield Beach Zip Code FL 33442	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.			
SIGNATURE 		DATE 5/1/97	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MANELA, ROBERT A	10195 102ND COURT SOUTH	BOCA RATON FL
MGRM	DANIEL, MICHAEL I	860 S.W. 16TH STREET	BOCA RATON FL
MGRM	BOLTON, JEFFREY A	6707A BOCA PINES TRAIL	BOCA RATON FL
MGRM	A.D.K. ENTERPRISES, IN	9144 N.W. 52ND COURT	CORAL SPRINGS FL
		7000002217617-9	-06/19/97-01114-001
		****203.75	****203.75
		JBL 17-97	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			