

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005678

1. Entity Name
DABS, LLC



Principal Place of Business
**2060 BISCAYNE BLVD
2ND FL
MIAMI, FL 33137-5024**

Mailing Address
**2060 BISCAYNE BLVD
2ND FL
MIAMI, FL 33137-5024**



04072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0949280

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRIEGER, STANLEY
2060 BISCAYNE BOULEVARD, SECOND FLOOR
MIAMI, FL 33137-5024**

**DO NOT WRITE
IN THIS SPACE**

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 re-appointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000111057
04/12/04-80107-017 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BRAMAN, NORMAN
2060 BISCAYNE BLVD, 2ND FL
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
KRIEGER, STANLEY J
2060 BISCAYNE BLVD, 2ND FL
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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 MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/04
Date

305/576-1885
Daytime Phone #