


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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| DOCUMENT # 1. Entity Name D.B. Indy, L.L.C. | Mo1000002217 |  |
|--|--------------|---|

FILED

03 FEB 14 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------|---|----------------|
| 2. Principal Place of Business 2255 University Square Mall Suite, Apt. #, etc. | | 3. Mailing Address 1801 E. 63rd St. Suite, Apt. #, etc. | |
| City & State Tampa, Florida | | City & State Kansas City, Missouri | |
| Zip 33612 | Country USA | Zip 64130 | Country USA |

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number * See Below | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

| | |
|--|------------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name | CT Corporation System |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 1200 South Pine Island Rd | |
| City | Plantation FL Zip Code 33324 |

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. DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.B. Pener, Inc. 1801 E. 63rd St. Kansas City, MO 64130 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400012563594 02/14/03--01026--026 **\$50.00 |
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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.

D.B. Pener, Inc., Member By: Barry Pener, Vice President

SIGNATURE:

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

Date

Daytime Phone #

*Taxed as a disregarded entity. Wholly owned subsidiary of D.B. Pener, Inc. ID#84-1239059.

CR2E0838 (12/02)