2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001472

1. Entity Name
DPB RESTAURANT SERVICES, LLC

Principal Place of Business	Mailing Address
301 AUSTRALIAN AVE. PALM BEACH, FL 33480	C/O THE DINEX GROUP, LLC 16 EAST 40TH ST NEW YORK, NY 10016

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
74-3077372	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DORON, MARCEL
C/O CAFE BOULUD
301 AUSTRALIAN AVENUE
PALM BEACH, FL 33480

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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U000005874E4
01/17/07-80033-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	THE DINEX GROUP, LLC
STREET ADDRESS	16 EAST 40TH ST
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ MARCEL DORON   1/4/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #