2005 LIMITED LIABILITY COMPANY

FILED ✓ ANNUAL REPORT Apr 25, 2005 08:00 AM **Secretary of State** DOCUMENT # M04000003524 1. Entity Name DBSI PEACOCK LLC Principal Place of Business Mailing Address 1550 SOUTH TECH LANE 1550 SOUTH TECH LANE MERIDIAN, ID 83642 MERIDIAN, ID 83642 04182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-1188867 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and tills if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DBSI PEACOCK OFFICES LLC NAME UNDNON327940 -04/25/05-80056-024 5N.NN STREET ADDRESS 1550 SOUTH TECH LANE MERIDIAN, ID 83642 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREE! ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-\$1-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with his 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

₹-18-05

208.489.2533 Daytime Phone #