

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90113 001 \*3,468.75

**DOCUMENT # M05000002005**

1. Entity Name  
DBSI-DISCOVERY REAL ESTATE SERVICES LLC



Principal Place of Business

12426 W. EXPLORER DR.  
100  
BOISE, ID 83713

Mailing Address

12426 W. EXPLORER DR.  
100  
BOISE, ID 83713

**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-2411648

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SWENSON, DOUGLAS L
STREET ADDRESS	1550 S. TECH LANE
CITY-ST-ZIP	MERIDIAN, ID 83642
TITLE	MGR
NAME	BRINGHURST, GARY
STREET ADDRESS	12426 W. EXPLORER DR., SUITE 220
CITY-ST-ZIP	BOISE, ID 83713
TITLE	MGR
NAME	MAYERON, JOHN
STREET ADDRESS	1550 S. TECH LANE
CITY-ST-ZIP	MERIDIAN, ID 83642
TITLE	MGR
NAME	REEVE, THOMAS V
STREET ADDRESS	1550 S. TECH LANE
CITY-ST-ZIP	MERIDIAN, ID 83642
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:** \_\_\_\_\_

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

**Jeremy Swenson**

4-23-08 208-489-2533

Date

Daytime Phone #