


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90352 035 ****50.00

DOCUMENT # M05000004559 1. Entity Name DBI STORES LLC	
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Principal Place of Business 130 ROYALL STREET CANTON, MA 02021	Mailing Address 130 ROYALL STREET, Legal Dept. CANTON, MA 02021
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3 East A



04032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0120378	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

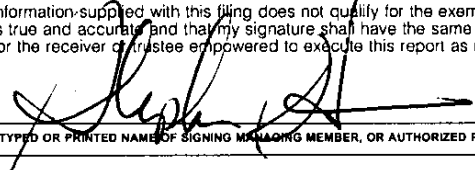
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAVELLE, KATE 130 ROYALL STREET CANTON, MA 02021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HORN, STEPHEN 130 ROYALL STREET CANTON, MA 02021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REMILLARD, L.J. JR 130 ROYALL STREET CANTON, MA 02021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERRY, CHRISTOPHER 130 ROYALL STREET CANTON, MA 02021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLY, KEVIN 130 ROYALL STREET CANTON, MA 02021
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:  **4/10/2007** **781-737-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #