


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 06, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M06000004197 1. Entity Name D.B. CONSTRUCTION SOURCING, L.L.C. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 2711 CENTER VILLE ROAD SUITE 400 WILMINGTON, DE | Mailing Address 2711 CENTER VILLE ROAD SUITE 400 WILMINGTON, DE |
|---|---|

DO NOT WRITE IN THIS SPACE



| | |
|---|--------------------------------|
| 07112008 No Chg-LLC | CR2E083 (12/07) |
| 4. FEI Number 65-1270781 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent DOUCET, BRUNO 519 SW 8TH STREET FORT LAUDERDALE, FL 33315 |
|--|

**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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

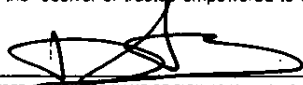
FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Due by September 12, 2008

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOUCET, BRUNO 519 SW 8TH STREET FORT LAUDERDALE, FL 33315 |
| 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 | |

U00000957180
08/06/08-80003-012 138.75

**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:  X 08/06/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #