


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90422 033 \*\*\*150.00

<b>DOCUMENT # P05000007000</b>																									
<b>1. Entity Name</b> DBDS EMERALD PARK MANAGER INCORPORATED																									
<b>Principal Place of Business</b> 501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133			<b>Mailing Address</b> 501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133																						
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																						
City & State			City & State																						
Zip		Country		Zip																					
Country		Country		04242007    Chg-P    CR2E034 (12/06)																					
<b>4. FEI Number</b> 20-2162612				Applied For <input type="checkbox"/> Not Applicable																					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																					
<b>6. Name and Address of Current Registered Agent</b>  CRONIG, STEVEN C ESQ. C/O BAKER & CRONIG LLP 307 CONTINENTAL PLAZA, 3250 MARY STREET COCONUT GROVE, FL 33133			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> <td colspan="2" style="padding: 2px;">James D. Gassenheimer</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2" style="padding: 2px;">James D. Gassenheimer PA</td> </tr> <tr> <td colspan="2" style="padding: 2px;">3250 Mary Street, Suite 307</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> <td colspan="2" style="padding: 2px;">Coconut Grove</td> </tr> <tr> <td colspan="2" style="padding: 2px;">FL</td> <td colspan="2" style="padding: 2px;">Zip Code 33133</td> </tr> </table>			Name		James D. Gassenheimer		Street Address (P.O. Box Number is Not Acceptable)		James D. Gassenheimer PA		3250 Mary Street, Suite 307				City		Coconut Grove		FL		Zip Code 33133	
Name		James D. Gassenheimer																							
Street Address (P.O. Box Number is Not Acceptable)		James D. Gassenheimer PA																							
3250 Mary Street, Suite 307																									
City		Coconut Grove																							
FL		Zip Code 33133																							
<b>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.</b>																									
SIGNATURE _____ <i>CC</i> DATE <u>4/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																						
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
NAME	BERMAN, DANA J		NAME																						
STREET ADDRESS	501 CONTINENTAL PLAZA		STREET ADDRESS																						
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP																						
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
NAME	SCHWARTZ, DAREN A		NAME																						
STREET ADDRESS	501 CONTINENTAL PLAZA		STREET ADDRESS																						
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP																						
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CITY-ST-ZIP			CITY-ST-ZIP																						
<b>12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other like empowered.</b>																									
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									
<small>Date</small>				<small>Daytime Phone #</small>																					