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

Daytime Phone #

ANNUAL REPORT	ON
DOCUMENT # P05000111277	

DOCUMENT # P05000111277  1. Entity Name DBDS MELBOURNE MANAGER INCORPORATED						04-30-200′	7 90422 032 *	**15	0.00	
Principal Place of Business			Mailing Address							
501 CONTINENTAL PLAZA			501 CONTINENTAL PL							
3250 MARY ST COCONUT GROVW, FL 33133			3250 MARY ST COCONUT GROVW, FL							
	,		00001101 010111, 12	JJ 1 J J						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		•						
Suite, Apt. #, etc.		Suite. Apt. #, etc.								
σοιίο, Αρι. <del>π</del> , φισ.			Sulley vipit in old.			04242007	Chg-P	CR2E034 (1	2/06)	
City & State			City & State			4. FEI Numb			<del></del>	plied For
_Zip	Zip Country		Zip Count		20-3383989		<b>60</b> 7	Not Applicable 88.75. Additional		
. 1557				000.	,	5. Centificate	of Status Desired		. <b>3</b> . Add tequired	
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered Agent		
CRONIG,	STEVEN	CESO			Name JA	MES C	D. Gass	enheim	E.R	ASS.
% BAKER					Street Address (	P.O. Box Numb	er is Not Acceptab	ile) 🤉 🚶	<u></u>	
307 CONTINENTAL PLAZA - 3250 MARY S COCONUT GROVE, FL 33133			YST	ST —			1 SSCUMENTO		ì	<u> </u>
COCONO	I GROVE,	, FL 33133			3250	O DR	4 STREA	<del>, , , , , , , , , , , , , , , , , , , </del>	۲.	<u> 307</u>
					City		105	FL   z	P.C99	13.3
8. The above	named entitions of regist	y submits this statement fo	r the purpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of F	Torida. I am familia	z with,	and accept
rue opligat	MIS OF TOGIST	tered agent.	C 3					: 1l	•	
SIGNATURE Signature, typed or printed assess all agristered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
<del> </del>			(10.		- gant angration or requires	,		- T		
		FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
10.	T	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRE	CTORS	S IN 11
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STREET ADDRESS				NAM STRE	EET ADDRESS					
CITY-ST-ZIP		T GROVW, FL 33133			-ST-ZIP					
TITLE	D		☐ Delete	TITL	E				hange	☐ Addition
NAME CTREET ADDRESS		ITZ, DAREN A	O MADY OT	NAM	- I					,
STREET ADDRESS CITY-ST-ZIP		TINENTAL PLAZA - 32: IT GROVW, FL 33133	DU MIARY SI		ET ADDRESS -ST-ZIP					
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NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					
12. I hereby o	certify that th	e information supplied with	this filling does not qualify for	or the exi	emotions contained	d in Chapter 11	9. Florida Statutes	I further certify the	t the ir	Mormation
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 purposes 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 address, with all other like empowered.										
SIGNATURE:										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR