## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000134081

## FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90205 041 \*\*\*150.00

DBDS NORTH MIAMI MANAGER INCORPORATED											
Principal Place of Business M			Mailing Address				JADAAA	-			
			3250 MARY STREET			3	•	. :			
			SUITE 501								
			COCONUT GROVE, FL 3	3133		· . · . ·					
2. Principal P	lace of Busin		3. Mailing Address 501 Continent	<u>101 Continental Plaza</u>			] I LOUISEUL IN DOUG BOIL BUIL BUIL BUIL BUIL HELD BIIL BUIL BUIL BUIL HELD HELD IN 1861 IN 1861 IN 1861				
Suite, Apt.			Suite, Apt. #, etc.				04192006 Chg-P CR2E034 (11/05)				
3250 Manl Street 3			3250 Man	250 Man Street			Ong-i	01220	07 (11700)		
			City & State				r		Ар	plied For	
Coconut Grove Florida Ca			(Occornot Gra	Oconst Grave, Florida			<u>56102</u>	<u> 7</u>	No	t Applicable	
Zip	p Country Zip		Zip -4 2 1 2 7	Country		5 Certificate	of Status Desired		\$8.75 Add	itional	
. 55	133		33133			J. Certificate	Or Status Desired		Fee Require	t	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
CRONIG, STEVEN C											
3250 MARY STREET					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 307											
COCONUT GROVE, FL 33133											
					City			FL	Zip Code	Ð	
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. It am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed nemagof registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOWILL FEE IS \$150.00 9. Election Campaign Final						5.00 May Be					
After Ma	ay 1, 200	6 Fee will be \$550.0	Trust Fund Contri	bution.	. 🗆 A	dded to Fees	•	**			
ļ		OCTIOTOS AND S		ADDITIONS	CHANCES TO OF	TELOCIDE AND	DIDECTOR	S (N. 11			
10.	OFFICERS AND DIRECTORS		-	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE	P/D Delete		L., Delete	TITLE NAME					☐ Change	Addition	
NAME											
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			EET ADDRESS							
CITY-ST-ZIP	00001101 011012112 00100		r-ST-ZIP								
TITLE	VP/D	1	Defete	TITL	.E		•		Change	Addition	
NAME .	. SCHWARTZ, DAREN A				AE						
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP	COCONU	T GROVE, FL 33133		cm	r-ST-ZIP						
TITLE			☐ Delete	TΠL	E				☐ Change	☐ Addition	
NAME				NAM	AE						
STREET ADDRESS	1			STR	EET ADDRESS						

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 address, with all other like empowered.

ÇITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE NAME

Delete

Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME Street Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Spril 24, 2000

305-341-0600

☐ Change

☐ Change

☐ Change

■ Addition

☐ Addition

☐ Addition