


FILED
May 25, 2007 8:00 am
Secretary of State

04-30-2007 90425 002 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000128444			
1. Entity Name DB ATLANTA MANAGER INCORPORATED			
Principal Place of Business 501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133		Mailing Address 501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CRONIG, STEVEN C ESQ. 307 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name <u>James D. Gassenheimer</u> Street Address (P.O. Box Number is Not Acceptable) <u>James D. Gassenheimer PA</u> <u>3250 Mary Street, Suite 307</u> City <u>Coconut Grove</u> FL Zip Code <u>33133</u>	
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 <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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D BERMAN, DANA J 3250 MARY STREET #501 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 recorder 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 the address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	