

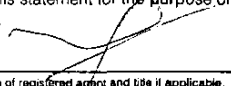
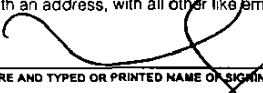


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90224 008 \*\*\*150.00

<b>DOCUMENT # P06000128444</b> 1. Entity Name <b>DB ATLANTA 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>3250 Mary Street</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Coconut Grove, FL</b> Zip <b>33133</b>		3. Mailing Address <b>3250 Mary Street</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Coconut Grove, FL</b> Zip <b>33133</b>			
4. FEI Number <b>20-5720880</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04012008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>GASSONHEIMER, JAMES D 3250 MARY STREET SUITE 307 COCONUT GROVE, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>Michael Goldberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>3250 Mary Street</b> <b>Suite 402</b> City <b>Coconut Grove</b> FL Zip Code <b>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.					
SIGNATURE:  DATE: <b>4/30/08</b> <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, 2008 Fee will be \$550.00</b>		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	<b>D BERMAN, DANA J 3250 MARY STREET #501 COCONUT GROVE, FL 33133</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Michael Goldberg (RECEIVER) 3250 Mary Street Suite 402 Coconut Grove, FL 33133</b> <input type="checkbox"/> Change <input checked="" 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	
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	
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	
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	
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.					
SIGNATURE:  DATE: <b>4/30/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					