2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2009
Secretary of State

DOCUMENT# Z00639

Entity Name: DSB OF MIAMI, L.C.

Current Principal Place of Business:

8287 N.W. 56 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

PO BOX 145508
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 65-0357331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOWENSTEIN, ELLIOT
2100 SALZEDO STREET
STE. 303
CORAL GABLES, FL 331344323 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	WHITAKER, PAUL S	
Address:	8287 N.W 56 STREET	
City-St-Zip:	MIAMI, FL 33166	
Title:	MGR	( ) Delete
Name:	HOLMES, ANDREW	
Address:	8287 N.W. 56 STREET	
City-St-Zip:	MIAMI, FL 33166	
Title:	MGR	( ) Delete
Name:	ELLIS, DAVID	
Address:	8287 N.W. 56 STREET	
City-St-Zip:	MIAMI, FL 33166	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL WHITAKER MGR 08/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date