

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007039

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: DTP, LLC

**Current Principal Place of Business:**

1700 WEST NEW HAVEN AVENUE  
SUITE 445  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1700 WEST NEW HAVEN AVENUE  
SUITE 445  
MELBOURNE, FL 32904 US

**New Mailing Address:**

FEI Number: 26-0060639      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONE & PESTCOE, P.A.  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GATTAS, MIGUEL PTD  
Address: 1700 WEST NEW HAVEN AVENUE SUITE 445  
City-St-Zip: MELBOURNE, FL 32904 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: GATTAS, ANTONIO  
Address: 1700 WEST NEW HAVEN AVENUE SUITE 445  
City-St-Zip: MELBOURNE, FL 32904 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIGUEL GATTAS

PTD

02/03/2005

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