


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000011485

1. Entity Name
 DMA#1, L.L.C.



Principal Place of Business 4340 SHERIDAN ST, 2ND FLOOR HOLLYWOOD, FL 33021	Mailing Address 4340 SHERIDAN ST, 2ND FLOOR HOLLYWOOD, FL 33021
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01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 81-0677774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CANNAVAN, JACQUELINE E
 SCHULMAN & CANNAVAN, PA
 4340 SHERIDAN ST, SECOND FLOOR
 HOLLYWOOD, FL 33021

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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 _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALTER, DAVID 4340 SHERIDAN ST, 2ND FLOOR HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALTER, MARTINE 4340 SHERIDAN ST, 2ND FLOOR HOLLYWOOD, FL 33021
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 01/20/06-80012-013 50.00

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11. 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 is true and accurate and that my 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: _____ **DATE:** 1/10/06 **Daytime Phone #:** 1-516-244-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE