

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016224

FILED
Apr 11, 2006
Secretary of State

Entity Name: DM BURNS LLC

Current Principal Place of Business:

333 LIDDON PLACE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 547
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3766823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, DICKIE M
333 LIDDON PLACE
LYNN HAVEN, FL 323444 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: MGRM () Delete
Name: BURNS, WESLEY
Address: 333 LIDDON PLACE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: BURNS, DICKIE M
Address: 333 LIDDON PLACE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: BURNS, NANCY T
Address: 333 LIDDON PLACE
City-St-Zip: LYNN HAVEN, FL 32444

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 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: NANCY T. BURNS

MGR

04/11/2006

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