


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000043318	
1. Entity Name DLFMC, LLC	

Principal Place of Business 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118	Mailing Address 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118
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01082007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1727586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINCKE, GERALD B
 315 N. ATLANTIC AVENUE
 DAYTONA BEACH, FL 32118

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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINCKE, GERALD B 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNEIL, GORDON H 44 OAK MEADOW TRAIL PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPIN, WILLIAM 153 NEPTUNE AVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDSMAN, ELLIOTT 3 TOWNLINE CIRCLE ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAMOND, ISADORE C/O MCNEIL 44 OAK MEADOW TR PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/19/07-80026-005 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 609, Florida Statutes.

SIGNATURE: Gerald B. Fincke 1/16/07 386-257-5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Gerald B. Fincke, Managing Member