


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000043318

1. Entity Name
DLFMC, LLC



Principal Place of Business Mailing Address
315 N. ATLANTIC AVENUE **315 N. ATLANTIC AVENUE**
DAYTONA BEACH FL 32118 **DAYTONA BEACH FL 32118**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

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

4. FEI Number Applied For
06-1727586 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent's signature returned when registering) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 02/22/08-80003-016 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gerald B. Fincke* *2/12/08* *386-257-5077*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #