

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077784

Entity Name: DTS REAL ESTATE LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

907 PALMETTO DR  
SAFETY HARBOR, FL 34695 FL

**New Principal Place of Business:**

**Current Mailing Address:**

907 PALMETTO DR  
SAFETY HARBOR, FL 34695 FL

**New Mailing Address:**

FEI Number: 26-0607793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZERBARINI, DOUGLAS A  
907 PALMETTO DR  
SAFETY HARBOR, FL 34695 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: ZERBARINI, DOUGLAS A  
Address: 907 PALMETTO DR  
City-St-Zip: SAFETY HARBOR, FL 34695 FL

Title: MGRM ( ) Delete  
Name: ZERBARINI, THOMAS E  
Address: 2729 WINSLEY DRIVE  
City-St-Zip: MARIETTA, GA 30063

Title: MGRM ( ) Delete  
Name: ZERBARINI, STEVE  
Address: 1605 BAYFIELD COURT  
City-St-Zip: TRINITY, FL 34655

**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 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: STEVE ZERBARINI

MR.

04/15/2009

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