


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000022935</b>	
1. Entry Name DML HOLDINGS, LLC	

Principal Place of Business 506 106TH AVE. NORTH NAPLES, FL 34108	Mailing Address 506 106TH AVE. NORTH NAPLES, FL 34108
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01142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2105920	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  LAGRASTA, DOMENICO 506 106TH AVE. NORTH NAPLES, FL 34108	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAGRASTA, DOMENICO 506-106TH AVE. N. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAGRASTA, MARIA 506-106TH AVE. N. NAPLES, FL 34108
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U000000104006  
04/05/04-80079-011 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Maria La Grasta MARIA LA GRASTA 3-31-04 239-597-5850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #