


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000022935</b>		
1. Entity Name DML HOLDINGS, LLC		
Principal Place of Business 506 106TH AVE. NORTH NAPLES, FL 34108		Mailing Address 506 106TH AVE. NORTH NAPLES, FL 34108
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		
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 reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 608, Florida Statutes.		
SIGNATURE: <u>Maria La Grasta MARIA LAGRASTA</u>		1-31-07 239-597-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #