## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT** DOCUMENT # L01 \$200 9654 1. Entity Name DTS, L.L.C. Principal Place of Business Mailing Address 430 ADMIRAL COURT 430 ADMIRAL COURT DESTIN, FL 32541 DESTIN, FL 32541 04062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE **4.** F **5**. C 6. Name and Address of Current Registered Agent HELMICH, KEVIN M 4481 LEGENDARY DRIVE SUITE 200 DESTIN, FL 32541 IN THIS SPACE

**FILED** Apr 10, 2007 08:00 Al Secretary of State

El Number		Applied For
58-3725018	{	Not Applicable
Certificate of Status Desired	\$5.0 Fee R	Additional iired

DO NOT WRITE

4-6-01

Daytime Phone #

8. The above	named entity submits this statement for the purpose of changing	ng its registered office or registered agent, or both, in the	te State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	ling Foo is \$50.00 ue by May 1, 2007		
TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGR SATTERFIELD, DAVID T 430 ADMIRAL COURT DESTIN, FL 32541		V00000636525
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/18/07-80003-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE- NAME STREET ADDRESS CITY-ST-ZIP	TO THE STATE OF TH		
indicated limited ha	certify that the information supplied with this filling does not que on this report is true and accurate and that my signature shall billity company or the receiver or trustee empowered to execu	allfy for the exemptions contained in Chapter 119, Flor Il have the same legal effect as if made under oath; thate this report as required by Chapter 608, Florida Statu	ida Statutes. I further certify that the information at I am a managing member or manager of the stes.

ING NANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE