

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90130 008 \*\*\*\*50.00

<b>DOCUMENT # L01000011264</b>					
<b>1. Entity Name</b> DBTG ENTERPRISES, L.L.C.					
<b>Principal Place of Business</b> 3274 WEST PEBBLE BEACH COURT LECANTO, FL 34461			<b>Mailing Address</b> 3274 WEST PEBBLE BEACH COURT LECANTO, FL 34461		
<b>2. Principal Place of Business - No P.O. Box #</b> 9580 SLOANE ST		<b>3. Mailing Address</b> 9580 SLOANE ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b> ORLANDO, FL		<b>4. FEI Number</b> 59-3731118	
<b>Zip</b> 32827		<b>Country</b> ORANGE		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  DEELEY, THOMAS E JR. 3274 WEST PEBBLE BEACH COURT LECANTO, FL 34461			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 9580 SLOANE ST City ORLANDO FL Zip Code 32827		
<b>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.</b>  SIGNATURE <b>THOMAS DEELEY, MANAGING MEMBER</b> 1/9/07 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> DEELEY, THOMAS E JR.	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3274 WEST PEBBLE BEACH COURT			<b>STREET ADDRESS</b> 9580 SLOANE ST.		
<b>CITY - ST - ZIP</b> LECANTO, FL 34461			<b>CITY - ST - ZIP</b> ORLANDO, FL 32827		
<b>TITLE</b> MGRM	<b>NAME</b> DEELEY, GAYLE	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3274 WEST PEBBLE BEACH CT.			<b>STREET ADDRESS</b> 9580 SLOANE ST.		
<b>CITY - ST - ZIP</b> LECANTO, FL 34461			<b>CITY - ST - ZIP</b> ORLANDO, FL 32827		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>			<b>THOMAS E. DEELEY, TR MGR</b> 1/9/07 (407) 851-0252		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		