


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000004094 1. Entity Name DMSI MANAGEMENT, L.L.C.	
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Principal Place of Business 5110 EISENHOWER BLVD., SUITE 250 TAMPA, FL 33634	Mailing Address 5110 EISENHOWER BLVD., SUITE 250 TAMPA, FL 33634
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03262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3416562	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

**SPURLOCK, MITCHELL D
5110 EISENHOWER BLVD., SUITE 250
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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	MGRM ORR, COBY 5110 EISENHOWER BLVD., SUITE 250 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPURLOCK, MITCHELL 5110 EISENHOWER BLVD., SUITE 250 TAMPA, FL 33634
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04/13/07-80002-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/29/07

813-383-0238