## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000007569**

1. Entity Name

DLL ASSOCIATES, LLC



Principal Place of Business

309 YACHT CLUB DR NE FORT WALTON BEACH, FL 32548 US

Mailing Address 309 YACHT CLUB DR NE

FORT WALTON BEACH, FL 32548

**FILED** Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90025 007 \*\*\*138.75



DO NOT WRITE IN THIS SPACE

والمنصاب والمستعلقية والمساورة

04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3630590

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required \_\_\_

6. Name and Address of Current Registered Agent

LAMBERT, DONALD L SR. 309 YACHT CLUB DR NE FORT WALTON BEACH, FL 32548

## **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
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	LAMBERT, DONALD L	
STREET ADDRESS	309 YACHT CLUB DRIVE	·
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		The second secon
TITLE - ~		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		DO NOT WITH
TITLE		IN THIS SPACE
NAME	•	IN THIS OF AGE
STREET ADDRESS		
CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE		
NAME		•
STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		
NAME		•
STREET ADDRESS		,

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