

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State



DOCUMENT # L02000013514
 1. Entity Name
 DTR OF FLORIDA ASSOCIATES, L.L.C.

Principal Place of Business Mailing Address
 C/O IDM MANAGEMENT INC C/O IDM MANAGEMENT INC
 1130B HALLENDALE BEACH BLVD 1130B HALLENDALE BEACH BLVD
 HALLANDALE, FL 33009 HALLANDALE, FL 33009



01182005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3677607	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
 ROBERTS, NORMAN T
 50 WEST MASHTA DRIVE, SUITE 4
 KEY BISCAWAYNE, FL 33149

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORROW, ILANA IDM MGMT INC 1130B HALLENDALE BCH BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, RODRIGO IDM MGMT INC 1130B HALLENDALE BCH BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRIOLA, TIMOTHY IDM MGMT INC 1130B HALLENDALE BCH BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1900001332060
 04/26/05-80044-007 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David Morrow* **DAVID MORROW** *4/26/05* *954 455 9008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #