

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR -5 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L02000019393					
1. Entity Name DGM DEVELOPMENT LLC					
Principal Place of Business 18 S. RIVER RD. SEWALLS POINT STUART, FL 34996			Mailing Address 18 S. RIVER RD. SEWALLS POINT STUART, FL 34996		
2. Principal Place of Business - No P.O. Box # 941 Waters Edge Drive		3. Mailing Address 941 Waters Edge Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Pierce, Fl.		City & State Fort Pierce, Fl.		4. FEI Number 32-0077889	
Zip 34949		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MUSSO, JOHN A 18 S. RIVER RD. SEWALLS POINT STUART, FL 34996			7. Name and Address of New Registered Agent Name John A. Musso Street Address (P.O. Box Number is Not Acceptable) 941 Waters Edge Drive City Stuart FL Zip Code 34949		
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 03/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME MUSO, JOHN A STREET ADDRESS 1818 S. RIVER RD., SEWALLS POINT CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete		TITLE MGRM NAME Musso, John A. STREET ADDRESS 941 Waters Edge Drive CITY-ST-ZIP Ft. Pierce, Fl. 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME MUSO, DONNA STREET ADDRESS 1818 S. RIVER RD., SEWALLS POINT CITY-ST-ZIP STUART, FL 34996	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 600096495386 CITY-ST-ZIP 04/11/07--01033--013 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MUSO, JOHN A STREET ADDRESS 1818 S. RIVER RD., SEWALLS POINT CITY-ST-ZIP STUART, FL 34996	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MUSO, DONNA STREET ADDRESS 1818 S. RIVER RD., SEWALLS POINT CITY-ST-ZIP STUART, FL 34996	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied in 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			03/27/07		786-985-3157
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>