

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000022935</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |         |
| 1. Entity Name<br>DML HOLDINGS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                          |
| Principal Place of Business<br>506 106TH AVE. NORTH<br>NAPLES, FL 34108                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mailing Address<br>506 106TH AVE. NORTH<br>NAPLES, FL 34108        |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | 01032007No Chg-LLC CR2E083 (11/05)                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | 4. FEI Number<br>54-2105920                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Applied For<br>Not Applicable                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                                          |
| LAGRASTA, DOMENICO<br>506 106TH AVE. NORTH<br>NAPLES, FL 34108                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                          |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                          |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                          |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>LAGRASTA, DOMENICO<br>506-106TH AVE. N.<br>NAPLES, FL 34108 | U00000621504<br>02/12/07-80019-017 50.00                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>LAGRASTA, MARIA<br>506-106TH AVE. N.<br>NAPLES, FL 34108    |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                          |
| 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: <u>Maria La Grasta</u> MARIA LAGRASTA                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    | 1-31-07 239-597-5850                                                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | Date Daytime Phone #                                                                     |