

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024379

Entity Name: DMA, LLC

**FILED**  
**Feb 11, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

5300 W. ATLANTIC AVE., SUITE 701  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5300 W. ATLANTIC AVE., SUITE 701  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 51-0576293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRITCH, MIKE  
2176 NE 64TH ST  
FT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CRITCH, ADAM  
Address: 5300 W. ATLANTIC AVE SUITE 701  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ADAM G CRITCH

OWNE

02/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date