
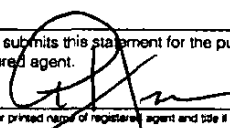


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024379			
1. Entity Name DMA, LLC			
Principal Place of Business 955 NW 17TH AVENUE BLDG J DELRAY BEACH, FL 33445		Mailing Address 955 NW 17TH AVENUE BLDG J DELRAY BEACH, FL 33445	
2. Principal Place of Business - No P.O. Box # 100 SOUTH POINT DRIVE		3. Mailing Address 100 SOUTH POINT DRIVE	
Suite, Apt. #, etc. SUITE #2704		Suite, Apt. #, etc. SUITE #2704	
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA	
Zip 33139	Country USA	Zip 33139	Country USA
4. FEI Number 51-0576293		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  HOUSE, ADAM G MGRM 100 SOUTH POINT DRIVE #2704 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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 		DATE 4/11/08	
(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOUSE, ADAM G MGRM 100 SOUTH POINT DRIVE #2704 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOUSE, ADAM G., SR 100 SOUTH POINT DRIVE #2704 MIAMI BEACH, FL 33139 <input checked="" 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	300123599533 04/16/08--01001--023 **147.50 <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
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 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: 		DATE 4/11/08 305 491-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

**FILED**  
08 APR 15 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

