# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
08 JUL 22 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000024379

1. Entity Name
DMA, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 100 SOUTH POINT DRIVE, SUITE #2704<br>MIAMI BEACH, FL 33139 | 100 SOUTH POINT DRIVE, SUITE #2704<br>MIAMI BEACH, FL 33139 |

07212008 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2408 N.E. 37th Drive | 2408 N.E. 37th Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ft. Lauderdale, FL | City & State: Ft. Lauderdale, FL |
| Zip: 33308 Country: USA | Zip: 33308 Country: USA |

4. FEI Number: 51-0576293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HOUSE, ADAM G SR.<br>100 SOUTH POINT DRIVE<br>#2704<br>MIAMI BEACH, FL 33139 | Name: HOUSE, ADAM G SR.<br>Street Address (P.O. Box Number is Not Acceptable): 2408 N.E. 37th Drive<br>City: Ft. Lauderdale, FL Zip Code: 33308 |

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's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

**Amended AR is $50.00**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>HOUSE, ADAM G SR.<br>100 SOUTH POINT DRIVE #2704<br>MIAMI BEACH, FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>HOUSE, ADAM G. SR.<br>2408 N.E. 37th Drive<br>Ft. Lauderdale, FL 33308 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 07/30/08--01022--001 **50.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 300133752553 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** _____, Adam G. House, Sr., MGRM 7/21/08 305-491-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #