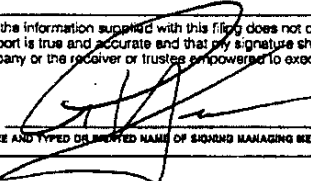


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
08 JUL 22 PM 3: 35
TALLAHASSEE, FLORIDA

DOCUMENT # L02000024379			
1. Entity Name DMA, LLC			
Principal Place of Business 100 SOUTH POINT DRIVE, SUITE #2704 MIAMI BEACH, FL 33139		Mailing Address 100 SOUTH POINT DRIVE, SUITE #2704 MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box # 2408 N.E. 37th Drive Suite, Apt. #, etc.		3. Mailing Address 2408 N.E. 37th Drive Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL Zip 33308 Country USA		City & State Ft. Lauderdale, FL 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 HOUSE, ADAM G SR. 100 SOUTH POINT DRIVE #2704 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name HOUSE, ADAM G SR. Street Address (P.O. Box Number is Not Acceptable) 2408 N.E. 37th Drive 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 Signature, typed or printed name of registered agent and title if applicable		DATE NOTE: Registered Agent signature required when remitting fee	
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 HOUSE, ADAM G SR. 100 SOUTH POINT DRIVE #2704 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HOUSE, ADAM G. SR. 2408 N.E. 37th Drive 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 #	