

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90093 031 ****50.00

000544

DOCUMENT # L02000029432

1. Entity Name

DGA VENTURE I, L.L.C.



Principal Place of Business

**230 NORTH PARK AVENUE
SANFORD FL 32771**

Mailing Address

**230 NORTH PARK AVENUE
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1616930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COOVER, STEPHEN H
230 NORTH PARK AVENUE
SANFORD FL 32771**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | MEMBER | <input type="checkbox"/> Delete |
| NAME | Stephen H. Coover | |
| STREET ADDRESS | 230 N. Park Ave | |
| CITY-ST-ZIP | Sanford, FL 32771 | |
| TITLE | MEMBER | <input type="checkbox"/> Delete |
| NAME | Martin W. Reagan | |
| STREET ADDRESS | 230 N. Park Ave | |
| CITY-ST-ZIP | Sanford, FL 32771 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--------------------------|--|
| TITLE | Member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Stephen H. Coover | |
| STREET ADDRESS | 230 N. Park Ave | |
| CITY-ST-ZIP | Sanford, FL 32771 | |
| TITLE | Member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Martin W. Reagan | |
| STREET ADDRESS | 230 N. Park Ave | |
| CITY-ST-ZIP | Sanford, FL 32771 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Stephen H. Coover

5/01/03 407-322-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)