

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030981

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: DMT CAPITAL RESOURCES, LLC

**Current Principal Place of Business:**

8383 EGRET MEADOW LANE  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

8383 EGRET MEADOW LANE  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

FEI Number: 20-4776591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAMON, CONRAD  
4420 BEACON CIR. SUITE 100  
WEST PALM BEACH, FL 33407 US

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

FORBES, PHILIP H ESQ.  
11382 PROSPERITY FARMS ROAD  
SUITE 227  
PALM BEACH GARDENS, FL 33410 US

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: PHILIP H. FORBES

04/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TORNABEN, PETER  
Address: 8383 EGRET MEADOW LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM ( ) Delete  
Name: TORNABEN, DEBRA  
Address: 8383 EGRET MEADOW LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER TORNABEN

MGRM

04/17/2008

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