

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:0
Secretary of State

DOCUMENT # L03000005043 1. Entity Name DHL REAL ESTATE, LLC					
Principal Place of Business 6002 S. DALE MABRY HWY. TAMPA FL 33611			Mailing Address 6002 S. DALE MABRY HWY. TAMPA FL 33611		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 11-3676791	
5. Certificate of Status Desired <input type="checkbox"/>		1st MOORE CR2E083 (10/05)			
6. Name and Address of Current Registered Agent HUYNH, DU 6002 S. DALE MABRY HWY. TAMPA FL 33611				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 the obligations of registered agent.				FL Zip	
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUYNH, DU 4619 W. EL PRADO BLVD. TEMPLE TERRACE FL 33629	<input type="checkbox"/> Delete		<input type="checkbox"/> C U00000434609 02/25/06-80008-024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I 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 manager, limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Du Huynh</u>, Manager <u>DU HUYNH</u> <u>2/7/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					