

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005088

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: DMI, NO. 1, LLC

**Current Principal Place of Business:**

320 W. KENNEDY BLVD.  
SUITE 200  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

320 W. KENNEDY BLVD.  
SUITE 200  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 54-2133977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOBBS, ROBERT S ESQUIRE  
3719 SWANN AVENUE  
TAMPA, FL 33609 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MULLER, ERIC E  
Address: 320 W. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 330606

Title: MGR ( ) Delete  
Name: DIAZ, DELVIS  
Address: 320 W KENNEDY 200  
City-St-Zip: TAMPA, FL 33606

Title: MGR ( ) Delete  
Name: SCOTT, ISABEL C  
Address: 320 W KENNEDY 200  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

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

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: ERIC E. MULLER

MGRM

01/30/2009

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