2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007875

Entity Name: DEP, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1020 W. 26TH STREET LYNN HAVEN, FL 32444	1020 W. 26TH STREET LYNN HAVEN, FL 32444 US
Current Mailing Address:	**New Mailing Address:**
340 BUNKERS COVE ROAD PANAMA CITY, FL 32401	1020 W. 26TH STREET LYNN HAVEN, FL 32444 US

FEI Number: 58-2668914   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DUNN, NEAL P 340 BUNKERS COVE ROAD PANAMA CITY, FL 32401 US	JONES, NEIL C 1020 W. 26TH STREET LYNN HAVEN, FL 32444 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: NEIL C. JONES   01/27/2009
_____
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title: MGRM (X) Change ( ) Addition
Name:	DUNN, NEAL P	Name: JONES, NEIL C
Address:	340 BUNKERS COVE ROAD	Address: 1020 W. 26TH STREET
City-St-Zip:	PANAMA CITY, FL 32401	City-St-Zip: LYNN HAVEN, FL 32444 US
Title:	MGRM ( ) Delete	Title: MGRM (X) Change ( ) Addition
Name:	JONES, NEIL C	Name: DUNN, NEAL P
Address:	1020 W. 26TH STREET	Address: 304 BUNKERS COVE ROAD
City-St-Zip:	LYNN HAVEN, FL 32444	City-St-Zip: PANAMA CITY, FL 32401 US

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: NEIL C. JONES   MGRM   01/27/2009
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date