


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90217 022 \*\*\*\*50.00

<b>DOCUMENT # L03000020895</b>		
1. Entity Name DFM/SARASOTA PROPERTIES, LLC		

Principal Place of Business 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34234	Mailing Address 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34234
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2. Principal Place of Business - No P.O. Box # 1920 Northgate Blvd Suite, Apt. #, etc. A-7	3. Mailing Address 1920 Northgate Blvd Suite, Apt. #, etc. A-7
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City & State Sarasota FL	City & State Sarasota FL
Zip 34234	Country



02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 54-2124333	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  PFLUGNER, J. GEOFFREY 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34234	
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7. Name and Address of New Registered Agent Name Mario L. Comporetto Street Address (P.O. Box Number is Not Acceptable) 1920 Northgate Blvd A-7 City Sarasota FL Zip Code 34234	
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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: <i>Mario L. Comporetto</i> Signature, typed or printed name of registered agent and title if applicable	DATE: 2/12/07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMPRETTO, MARIO 1920 NORTHGATE BLVD #A-7 SARASOTA, FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCDONOUGH, DONALD F 1920 NORTHGATE BLVD #A-7 SARASOTA, FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mario L. Comporetto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 2/12/07 Daytime Phone #