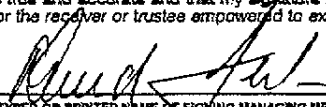


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000024972 1. Entity Name DFFT INVESTMENTS, LLC		
Principal Place of Business 503 EAST MONROE STREET JACKSONVILLE, FL 32202	Mailing Address 503 EAST MONROE STREET JACKSONVILLE, FL 32202	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FEREBEE, DAVID B 503 EAST MONROE STREET JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEREBEE, DAVID B 503 EAST MONROE STREET JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TASSONE, FRANK PA 1833 ATLANTIC BLVD. JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  1/12/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0495766	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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01/20/06-80012-024 50.00

**DO NOT WRITE
IN THIS SPACE**