


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90168 016 ****50.00

DOCUMENT # L03000026828	
1. Entity Name DMH CONSULTANTS, L.L.C.	

Principal Place of Business 3000 NORTH A1A, #8C N. HUTCHINSON IS FL 34949	Mailing Address 3000 NORTH A1A, #8C N. HUTCHINSON IS FL 34949
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2. Principal Place of Business 600 RIVER BIRCH CT Suite, Apt. #, etc. # 237 City & State CLERMONT, FL Zip 34711 Country USA	3. Mailing Address 600 RIVER BIRCH CT Suite, Apt. #, etc. # 237 City & State CLERMONT, FL Zip 34711 Country USA
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1st MOORE CR2E083 (10/05)

4. FEI Number 20-0120546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, DAVID M 3000 NORTH A1A, #8C N. HUTCHINSON IS FL 34949	
7. Name and Address of New Registered Agent Name HARRIS, DAVID M Street Address (P.O. Box Number is Not Acceptable) 600 RIVER BIRCH CT # 237 City CLERMONT FL Zip Code 34711	

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 DAVID M HARRIS MGR David M Harris 1-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGR HARRIS, DAVID M 3000 NORTH A1A, #8C N. HUTCHINSON IS FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS DAVID M 600 RIVER BIRCH CT # 237 CLERMONT FL 34711 <input checked="" 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
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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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DAVID M HARRIS MGR David M Harris 1-30-06 352.242.0624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #