


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 15
Sec

DOCUMENT # L03000028852	
1. Entity Name DME, LLC	

Principal Place of Business 1061 NW 94TH TERRACE PLANTATION, FL 33322 US	Mailing Address 1061 NW 94TH TERRACE PLANTATION, FL 33322 US
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DO NOT WRITE IN THIS SPACE

04112005No Chg-LLC

OR2E083 (10/03)

4. FEI Number 05-0580667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDOUARD, DEBRA E
1061 NW 94TH TERRACE
PLANTATION, FL 33322

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDOUARD, DEBRA 1061 NW 94TH TER PLANTATION, FL 33322
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04/15/05-80060-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Debra Edouard 4/12/2005 (954) 236-3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #