

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033219

Entity Name: DPS 20, LLC

FILED
Aug 22, 2007
Secretary of State

Current Principal Place of Business:

283 TAIT TERRACE SE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

283 TAIT TERRACE SE
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 20-0196434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, PHILLIP
283 TAIT TERRACE SE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SMITH, PHILLIP
Address: 283 TAIT TERRACE SE.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: SMITH, DIANE E
Address: 283 TAIT TERRACE SE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, PHILLIP
Address: 283 TAIT TERRACE SE.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM (X) Change () Addition
Name: SMITH, DIANE E
Address: 283 TAIT TERRACE SE
City-St-Zip: PORT CHARLOTTE, FL 33952

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: PHILLIP J. SMITH

MGRM

08/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date