

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052682

Entity Name: DHM SERVICES, LLC

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

5300 NW 33RD AVE
202
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

2453 COUNTRY GOLF DR
WELLINGTON, FL 33414 US

Current Mailing Address:

2453 COUNTRY GOLF DR
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 56-2422439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, RICARDO SR
5300 NW 33RD AVE SUITE 202
FORT LAUDERDALE, FL 33309 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: MGRM () Delete
Name: HOET, DANIELA E
Address: 2453 COUNTRY GOLF DR
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Delete
Name: HOET, FRANKLIN D SR
Address: 2453 COUNTRY GOLF DR
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR () Delete
Name: HOET, CLAUDIA S
Address: 13412 57TH PL S
City-St-Zip: WELLINGTON, FL 33467 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANKLIN HOET

MGRM

01/31/2006

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