


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90253 006 ****50.00

DOCUMENT # L04000003142

1. Entity Name
D & M INVESTMENTS, LLC



Principal Place of Business
**5042 CROSS POINTE DRIVE
 OLDSMAR, FL 34677**

Mailing Address
**5042 CROSS POINTE DRIVE
 OLDSMAR, FL 34677**

14024839



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

06302004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**COLL, MARTA I
 5042 CROSS POINTE DRIVE
 OLDSMAR, FL 34677**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLL, DANIEL JR 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLL, MARTA S 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLL, MARTA I 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Daniel Coll Jr* **Daniel Coll Jr - MGRM** 06/30/2004 (727) 777-8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

D & M INVESTMENTS, LLC
5042 Cross Pointe Dr.
Oldsmar, Fl. 34677

14024839

June 30 2004

Florida Department of State
Division of Corporation
P.O. Box 6478
Tallahassee, Fl 32314

RE: Annual Report #L04000003142

Gentlemen:

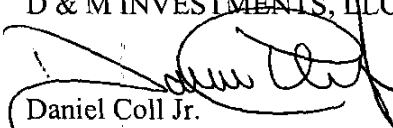
Enclosed please find our check in the amount of \$50.00 for our Corporate renewal.

Pease be advised that I did not receive the annual renewal report.

Your prompt processing of our Annual report will be greatly appreciated.

Truly yours,

D & M INVESTMENTS, LLC


Daniel Coll Jr.
Manager