

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

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



04122005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	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**

COLL, MARTA I  
5042 CROSS POINTE DRIVE  
OLDSMAR, FL 34677

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	COLL, DANIEL JR
STREET ADDRESS	5042 CROSS POINTE DRIVE
CITY-STATE-ZIP	OLDSMAR, FL 34677

TITLE	MGRM
NAME	COLL, MARTA S
STREET ADDRESS	5042 CROSS POINTE DRIVE
CITY-STATE-ZIP	OLDSMAR, FL 34677

TITLE	MGRM
NAME	COLL, MARTA I
STREET ADDRESS	5042 CROSS POINTE DRIVE
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STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/19/05-80031-010 50.00

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

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

Date

Daytime Phone #

- Pres.

(727) 234-1144