

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90138 017 ****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



2. Principal Place of Business Suite, Apt. #, etc. 10 Ivy Terrace City & State Oldsmar, FL Zip 34677 Country USA	3. Mailing Address Suite, Apt. #, etc. P.O. BOX 270 City & State Oldsmar, FL Zip 34677 Country USA
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02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name MARTA I. COLL Street Address (P.O. Box Number is Not Acceptable) 10 IVY TERRACE City Oldsmar FL Zip Code 34677	
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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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 Ivy Terrace Oldsmar, FL 34677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: Marta S. Coll, Manager 2/14/06 (727) 772-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MARTA S. COLL