


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-20-2006 90138 017 \*\*\*\*50.00

<b>DOCUMENT # L04000003142</b> 1. Entity Name <b>D &amp; M INVESTMENTS, LLC</b>					
Principal Place of Business <b>5042 CROSS POINTE DRIVE OLDSMAR, FL 34677</b>				Mailing Address <b>5042 CROSS POINTE DRIVE OLDSMAR, FL 34677</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>10 Ivy Terrace</b>		Suite, Apt. #, etc. <b>P.O. BOX 270</b>			
City & State <b>Oldsmar, FL</b>		City & State <b>Oldsmar, FL</b>			
Zip <b>34677</b>		Country <b>USA</b>		02142006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>NOT APPLICABLE</b>		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  <b>COLL, MARTA I 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677</b>			7. Name and Address of New Registered Agent Name <b>MARTA I. COLL</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 IVY TERRACE</b> City <b>Oldsmar</b> <b>FL</b> Zip Code <b>34677</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COLL, DANIEL JR 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10 Ivy Terrace Oldsmar, FL 34677</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COLL, MARTA S 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10 Ivy Terrace Oldsmar, FL 34677</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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.					
<b>SIGNATURE: <u>Marta S. Coll, Manager</u> 2/14/06 (727) 772-8555</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**MARTA S. COLL**