


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90034 008 ****50.00

DOCUMENT # L04000028464	
1. Entity Name DPS INVESTMENTS LLC	

Principal Place of Business 5012 TROYDALE RD. TAMPA FL 33615	Mailing Address 5012 TROYDALE RD. TAMPA FL 33615
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2. Principal Place of Business 3414 Orient Rd Suite, Apt. #, etc.	3. Mailing Address 5012 Troydale Rd Suite, Apt. #, etc.
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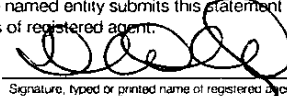
2nd MOORE CR2E083 (4/06)

City & State Tampa FL	City & State Tampa FL
Zip 33619	Zip 33615
County Hills	County Hills

4. FEI Number 56-2453899	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 DAVIS, DELICE D 5012 TROYDALE RD. TAMPA FL 33615
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7. Name and Address of New Registered Agent Name: Delice DAVIS Street Address (P.O. Box Number is Not Acceptable) 5012 Troydale Rd City: Tampa FL Zip: 33615

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: 8-3-06
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, DELICE D 5012 TROYDALE RD. TAMPA FL 33615 <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
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
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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.

SIGNATURE: 	8-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone: #