## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032304

1. Entity Name

DM OF BRADENTON, L.L.C.



FILED Mar 15, 2007 08:00 AM Secretary of State

Principal Place of Business

3730 NEW TAMPA HWY LAKELAND, FL 33815

Mailing Address

3730 NEW TAMPA HWY LAKELAND, FL 33815



## DO NOT WRITE IN THIS SPACE

03132007 No Chg-LLC	CR2E083 (11/05)

20-1117006  5. Certificate of Status Desirod	 \$5.00	Not Applicable  Additional
4. FEI Number	 	Applied For

6. Name and Address of Current Registered Agent

GARD, MARK J 3730 NEW TAMPA HWY LAKELAND, FL 33815

## DO NOT WRITE IN THIS SPACE

3/13/01

863-660-8016

			/		
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 lamiliar with, and accept the obligations of registered agent.					
SIGNATURE.	that Well	rely	3/13/07		
	Signature, typed or printed name of registered agent and title if applicable	OVOTE. Registere	Agent signature required when reinstating) DATE		
	ling Fee is \$50.00 ue by May 1, 2007 		)		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARD, MARK J 3730 NEW TAMPA HWY LAKELAND, FL 33815				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARCLAY, DONALD 3730 NEW TAMPA HWY LAKELAND, FL 33815		U00000667629 03/26/07-80036-004 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CHY+ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	ر الم				
11. Thereby 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 his report as required by Chapter 608, Florida Statutes.					