

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041831

Entity Name: DTHOM, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 570045
ORLANDO, FL 32857

New Principal Place of Business:

134 SLADE DRIVE
LONGWOOD, FL 32750

Current Mailing Address:

PO BOX 570045
ORLANDO, FL 32857

New Mailing Address:

PO BOX 521899
LONGWOOD, FL 32750

FEI Number: 16-1703113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, DOUGLAS J
4501 ELAINE PLACE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

THOMPSON, DOUGLAS J
134 SLADE DRIVE
LONGWOOD, FL 32750 US

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.

SIGNATURE: DOUGLAS J THOMPSON

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMPSON, DOUGLAS J
Address: PO BOX 570045
City-St-Zip: ORLANDO, FL 32857

Title: MGRM () Delete
Name: THOMPSON, DIANNE
Address: P.O. BOX 57004
City-St-Zip: ORLANDO, FL 32857

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, DOUGLAS J
Address: 134 SLADE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM (X) Change () Addition
Name: THOMPSON, DIANNE
Address: 134 SLADE DRIVE
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANNE THOMPSON

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date