

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054774

Entity Name: DT COMMONS, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

C/O MICHAEL E. GEORGE
3001 OCEAN DRIVE STE 203
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL E. GEORGE
3001 OCEAN DRIVE STE 203
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 20-1408984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGE, MICHAEL E
3001 OCEAN DRIVE STE. 203
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORR, THOMAS L
Address: 3001 OCEAN DRIVE, STE. 203
City-St-Zip: VERO BEACH, FL 329631953

Title: MGR (X) Delete
Name: SWANSON, JOHN F
Address: 3001 OCEAN DRIVE, STE. 202
City-St-Zip: VERO BEACH, FL 329631953

Title: MGR () Delete
Name: DONALD, PROCTOR
Address: 3001 OCEAN DRIVE, STE. 202
City-St-Zip: VERO BEACH, FL 329631953

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS L. CORR

MGR

04/20/2009

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