

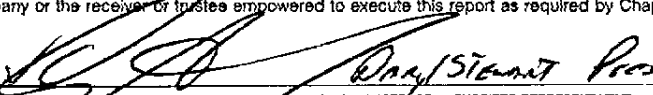


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000055900		
1. Entity Name DLS INVESTMENTS, LLC		
Principal Place of Business 308 TEQUESTA DRIVE, STE. 6 TEQUESTA, FL 33469		Mailing Address 308 TEQUESTA DRIVE, STE. 6 TEQUESTA, FL 33469
DO NOT WRITE IN THIS SPACE		
		01142006 No Chg-LLC CR2E083 (11/05)
4. FEI Number 69-3796835		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent STEWART, DARYL 308 TEQUESTA DRIVE, STE. 6 TEQUESTA, FL 33469		DO NOT WRITE IN THIS SPACE
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) DATE _____</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEWART, DARYL 308 TEQUESTA DRIVE, STE. 6 TEQUESTA, FL 33469	 DO NOT WRITE IN THIS SPACE
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-30-06</u> Daytime Phone # <u>1561-262-3559</u>