

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90046 036 \*\*\*\*50.00

<b>DOCUMENT # L04000060076</b> 1. Entity Name DLS INVESTMENTS, LLC					
Principal Place of Business 1ST PERSCOM DOIM UNIT 29058 APO, AE 09081 US			Mailing Address 1ST PERSCOM DOIM UNIT 29058 APO, AE 09081 US		
2. Principal Place of Business - No P.O. Box # 2756 Adele Rd			3. Mailing Address 2756 Adele Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jacksonville, FL			City & State Jacksonville, FL		
Zip 32216		Country Duval		Zip 32216	
Country Duval		4. FEI Number 98-0432890			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SEIDEL, LORRAINE A 2617 ADELE RD JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 2756 Adele Rd City Jacksonville FL Zip Code 32216		
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>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDEL, LORRAINE A 1ST PERSCOM DOIM UNIT 29058 APO, AE 09081		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2756 Adele Rd Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDEL, DAVID W 1ST PERSCOM DOIM UNIT 29058 APO, AE 09081		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2756 Adele Rd Jacksonville, FL 32216	
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	
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	
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: <i>Lorraine Seidel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			19 APR 07 904-737-8459 Date Daytime Phone #		