

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90023 012 \*\*\*\*55.00

**DOCUMENT # L04000065820**

1. Entity Name

DT INVETMENTS LLC



Principal Place of Business

513 56TH STREET  
HOLMES BEACH FL 34217

Mailing Address

513 56TH STREE  
HOLMES BEACH FL 34217



2. Principal Place of Business

3. Mailing Address

3111 78<sup>TH</sup> Ave East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State  
Sarasota FL

4. FEI Number

20-1620295

Applied For

Not Applicable

Zip

Country

Zip  
34243

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLENTINE, THOMAS R  
513 56TH STREET  
HOLMES BEACH FL 34217

Name

Street Address (P.O. Box Number is Not Acceptable)

3111 78<sup>TH</sup> Ave East

City

Sarasota

FL

Zip Code

34243

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME COLLENTINE, THOMAS  
STREET ADDRESS 513 5TH STREET  
CITY-ST-ZIP BRADENTON BEACH FL 34217

TITLE ☒ Change ☐ Addition  
NAME Thomas Colentine  
STREET ADDRESS 3111 78<sup>TH</sup> Ave East  
CITY-ST-ZIP Sarasota, FL 34243

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME managing member  
STREET ADDRESS Donald Reynolds  
CITY-ST-ZIP 9838 Lake Seminole DS Largo FL 33713

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-24-06 941-359-0636