
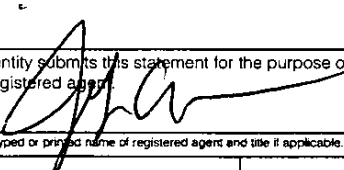
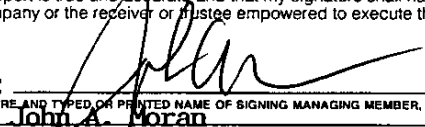


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90116 044 \*\*\*\*50.00

<b>DOCUMENT # L04000072435</b> 1. Entity Name <b>DEMMAM, L.L.C.</b>					
Principal Place of Business <b>C/O JOHN A. MORAN</b> <b>22 S. LINKS AVENUE, SUITE 300</b> <b>SARASOTA, FL 34236</b>			Mailing Address <b>C/O JOHN A. MORAN</b> <b>P.O. BOX 3948</b> <b>SARASOTA, FL 34230-3948</b>		
2. Principal Place of Business <b>c/o John A. Moran</b> Suite, Apt. #, etc. <b>1990 Main St., Ste 700</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip      Country      Zip      Country <b>34236      U.S.</b>			
City & State <b>Sarasota, FL</b>		City & State  		4. FEI Number <b>20-1715170</b>	
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 <b>MORAN, JOHN A</b> <b>22 S. LINKS AVENUE, SUITE 300</b> <b>SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1990 Main Street, Suite 700</b> City      State      Zip Code <b>Sarasota      FL      34236</b>		
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  <span style="float: right;">3/31/05</span> <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</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Authorized Manager</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John A. Moran</b> <b>1990 Main Street, Suite 700</b> <b>Sarasota, FL 34236</b>	
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	
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 exemption stated in Section 119.07(3)(i), 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: 			Authorized Manager <span style="float: right;">3/31/05</span> <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>		