2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075487

Entity Name: DSLD, L.L.C.

City-St-Zip:

FILED Jul 14, 2005 Secretary of State

Current Principal Place of Business:		New Prince	cipal Place of Business:	
752 OVERIVEF NORTH FORT	R DRIVE MYERS, FL 33903			
Current Mailing Address:		New Maili	New Mailing Address:	
752 OVERIVER NORTH FORT	R DRIVE MYERS, FL 33903			
	700726 FEI Number Applied For() FEI th s. 607.193(2)(b), F.S., the limited liability company o dress of Current Registered Agent:			
ARPAD, DIANA 752 OVERIVER NORTH FORT				
The above name in the State of F		e of changing	its registered office or registered agent, or both	
SIGNATURE:				
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	CHANGES:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MGM () Change (X) Addition KELLERMEYER, DAVE 1754 LAKEVIEW BLVD. N. FT. MYERS, FL 33903	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MGM () Change (X) Addition KELLERMEYER, LARAINE 1754 LAKEVIEW BLVD. N. FT. MYERS, FL 33903	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MGM () Change (X) Addition ARPAD, SHELDON 752 OVERIVER DR. N. FT. MYERS, FL 33903	
Title: Name: Address:	() Delete	Title: Name: Address:	MGM () Change (X) Addition ARPAD, DIANA 752 OVERIVER DR.	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip: N. FT. MYERS, FL 33903

SIGNATURE: DIANA ARPAD MGM 07/14/2005