

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080313

Entity Name: DT STEVENS FAMILY, LLC

FILED  
Apr 10, 2009  
Secretary of State

## Current Principal Place of Business:

910 AQUA LANE  
FT. MYERS, FL 33919 US

## New Principal Place of Business:

## Current Mailing Address:

910 AQUA LANE  
FT. MYERS, FL 33919 US

## New Mailing Address:

FEI Number: 20-1844251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ  
3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

STEVENS, DOUGLAS M MD  
910 AQUA LANE  
FORT MYERS, FL 33919 US

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.

SIGNATURE: DOUGLAS M. STEVENS, MD

04/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: STEVENS, DOUGLAS M  
Address: 910 AQUA LANE  
City-St-Zip: FT. MYERS, FL 33919 US

Title: MGRM ( ) Delete  
Name: STEVENS, TERESA F  
Address: 910 AQUA LANE  
City-St-Zip: FT. MYERS, FL 33919 US

Title: MGRM ( ) Delete  
Name: THE STEVENS' CHILDREN IRREVOCABLE TRUST  
Address: 910 AQUA LANE  
City-St-Zip: FT. MYERS, FL 33919 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DOUGLAS M. STEVENS, MD

MGRM

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date