


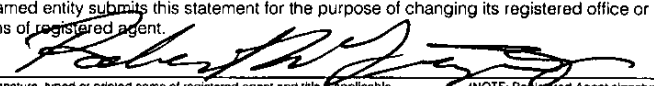
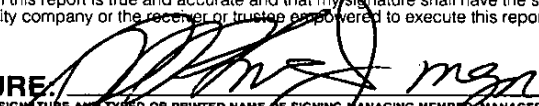
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90055 041 ****50.00

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DOCUMENT # L04000083355			
1. Entity Name DTRFA, LLC			
Principal Place of Business 2400 EAST COMMERCIAL BLVD., SUITE 826 FT. LAUDERDALE, FL 33308		Mailing Address 2400 EAST COMMERCIAL BLVD., SUITE 826 FT. LAUDERDALE, FL 33308	
2. Principal Place of Business 6550 N FEDERAL		3. Mailing Address 6550 N FEDERAL	
Suite, Apt. #, etc. SUITE 220		Suite, Apt. #, etc. SUITE 220	
City & State FT. LAUD FL		City & State FT. LAUD FL	
Zip 33308	Country USA	Zip 33308	Country USA
6. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR.,ESQ C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 826 FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name: ROBERT W. FRAZIER JR, ESQ Street Address (P.O. Box Number is Not Acceptable): 6550 N FEDERAL HIGHWAY SUITE 220 City: FT. LAUD FL Zip Code: 33308	
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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE, RICHARD P JR. 158 NORTH HARBOR CITY BLVD. MELBOURNE, FL 32935 <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
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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 		Date: 3-8-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	