


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90042 015 \*\*\*\*50.00

**DOCUMENT # L04000083355**

1. Entity Name  
**DTRFA, LLC**



Principal Place of Business      Mailing Address  
**6550 NORTH FEDERAL HIGHWAY**      **6550 NORTH FEDERAL HIGHWAY**  
**SUITE 220**      **SUITE 220**  
**FORT LAUDERDALE, FL 33308 US**      **FORT LAUDERDALE, FL 33308 US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**FRAZIER, ROBERT W JR., ESQ**  
**6550 NORTH FEDERAL HIGHWAY**  
**SUITE 220**  
**FT. LAUDERDALE, FL 33308**

**30001789**



01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number **27-3615003**      Applied For  
**APPLIED FOR**      Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

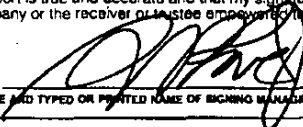
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of reg. stated agent and title if applicable. (NOTE: Registered Agent signature required when registering)

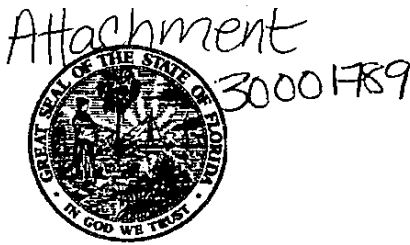
**Filing Fee is \$50.00 Due by May 1, 2006**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOVE, RICHARD P JR.			NAME			
STREET ADDRESS	158 NORTH HARBOR CITY BLVD.			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **Richard P. Love, Jr.**      01/18/06      321-751-9320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

DTRFA, LLC  
6550 NORTH FEDERAL HIGHWAY  
SUITE 220  
FORT LAUDERDALE, FL 33308 US

Subject: DTRFA, LLC

Reference Number: L04000083355

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION