


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 19, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000089351</b> 1. Entity Name <b>DFF BEACH, LLC</b>	
---	---

Principal Place of Business <b>511 ROYAL GREENS DRIVE TEMPLE TERRACE, FL 33617</b>	Mailing Address <b>511 ROYAL GREENS DRIVE TEMPLE TERRACE, FL 33617</b>
---	---



01152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>35-2235943</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JACKSON, FRANCES M 511 ROYAL GREENS DRIVE TEMPLE TERRACE, FL 33617</b>
--

<b>DO NOT WRITE IN THIS SPACE</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 <i>Frances Jackson</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>3-3-07</b>

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR JACKSON, FRANCES M 511 ROYAL GREENS DR. TEMPLE TERRACE, FL 33617</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GARCIA, FRANK J 6810 HEATHERTON CT. TAMPA, FL 33617</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM VALENTI, DANIA 6817 GLENCOE TEMPLE TERRACE, FL 33617</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000673907 03/23/07-80048-004 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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: <i>Frances Jackson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>3-13-07</b> Daytime Phone # <b>813-988-5471</b>