


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90198 029 \*\*\*\*50.00

<b>DOCUMENT # L04000090003</b>	
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1. Entity Name  
**DEALMAKERS SQUARE, LLC**

Principal Place of Business  
**4458 OCEAN VIEW DRIVE  
DESTIN, FL 32541 US**

Mailing Address  
**P.O. BOX 7039  
DESTIN, FL 32540 US**

2. Principal Place of Business - No P.O. Box #  
**151 Regions Way**  
Suite, Apt. #, etc. **617**

3. Mailing Address  
**151 Regions Way**  
Suite, Apt. #, etc. **617**

City & State  
**Destin FL**  
Zip **32541** Country **USA**

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**Destin FL**  
Zip **32541** Country **USA**



05082007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**51-0530932**

Applied For	
Not Applicable	

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

**6. Name and Address of Current Registered Agent**

**DOWD, JOHN R JR  
285 HIGHWAY 98 EAST  
SUITE A  
DESTIN, FL 32541**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALLACE, JERRY 4458 OCEAN VIEW DRIVE DESTIN, FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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:** *Gerry Wallace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**5/8/07**  
Date Daytime Phone #