

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90050 009 ****50.00



DOCUMENT # L04000090257

1. Entity Name

D M ENTERPRISES, LLC

Principal Place of Business

**86 ALSWEED RD
 DEFUNIAK SPGS FL 32433
 US**

Mailing Address

**86 ALSWEED RD
 DEFUNIAK SPGS FL 32433
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2005951

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

**MASON, DENNIS D
 86 ALSWEED RD.
 DEFUNIAK SPG FL 32433**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR** Delete
 NAME: **MASON, DENNIS D**
 STREET ADDRESS: **86 ALSWEED RD.**
 CITY-ST-ZIP: **DEFUNIAK SPGS FL 32433**

TITLE: Delete
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10. ADDITIONS/CHANGES

TITLE: Change 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: Dennis D. Mason **Dennis D. Mason** 02/21/05 850-8929614
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #