


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90329 001 ***250.00

DOCUMENT # L04000094384		
1. Entity Name D.F.M. INVESTMENTS, LLC		

Principal Place of Business 2125 QUARTER HORSE CIRCLE JACKSONVILLE, FL 32259	Mailing Address 1301 RIVERPLACE BLVD., SUITE 2450 C/O ANSBACHER & MCKEEL, P.A. JACKSONVILLE, FL 32207-9037
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30006842



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217
City & State	
Zip Country	

03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2098956	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE BLVD., SUITE 2450 JACKSONVILLE, FL 32207-9037	

Ansbacher & McKeel, P.A.
8818 Goodbys Executive Drive
Jacksonville, Florida 32217

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEMORY, GREGORY A 2125 QUARTER HORSE CIRCLE JACKSONVILLE, FL 32259 <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 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 609, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #