

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005676

Entity Name: D & T VENTURES LLC

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

29 EAGLES RIDGE DR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

26 DRAKE ELM LANE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

29 EAGLES RIDGE DR.
CRAWFORDVILLE, FL 32327

New Mailing Address:

26 DRAKE ELM LANE
CRAWFORDVILLE, FL 32327

FEI Number: 20-2200627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, TIMOTHY R
29 EAGLES RIDGE DR.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

HESTER, TIMOTHY R
26 DRAKE ELM LANE
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: TIMOTHY R HESTER

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HESTER, TIMOTHY R
Address: 29 EAGLES RIDGE DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: HOOVER, DAVID A
Address: 26 DRAKE ELM LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HESTER, TIMOTHY R
Address: 26 DRAKE ELM LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY R HESTER

MGRM

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date