

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90349 041 ****50.00

DOCUMENT # L05000034361					
1. Entity Name DMM, LLC					
Principal Place of Business 591 CHIPPING LANE LONGBOAT KEY, FL 34228			Mailing Address 591 CHIPPING LANE LONGBOAT KEY, FL 34228		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BROWNING, ROBERT W JR ONE NORTH TUTTLE AVE. SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-2639672	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVISSON, WALTER F 990 BLVD. OF THE ARTS, UNIT 602 SARASOTA, FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARON RYAN DAVISSON 990 BLVD. OF THE ARTS, UNIT 602 SARASOTA, FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIOTTI, WILLIAM 990 BLVD. OF THE ARTS, UNIT 602 SARASOTA, FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGONIGLE, JAMES 591 CHIPPING LANE LONGBOAT KEY, FL 34228	<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				
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>Walter F. Davisson</i> WALTER F. DAVISSON					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 8 MAR 06 Daytime Phone #: 941-330-1924	