2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L05000034361

Entity Name: DMM, LLC

Current Principal Place of Business:

591 CHIPPING LANE
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

591 CHIPPING LANE
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 20-2639672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWNING, ROBERT W JR
ONE NORTH TUTTLE AVE.
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DAVISSON, WALTER F	
Address:	990 BLVD. OF THE ARTS, UNIT 602	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGRM	( ) Delete
Name:	SHARON RYAN DAVISSON,	
Address:	990 BLVD. OF THE ARTS, UNIT 602	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGRM	( ) Delete
Name:	MARIOTTI, WILLIAM	
Address:	990 BLVD. OF THE ARTS, UNIT 602	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGRM	( ) Delete
Name:	MCGONIGLE, JAMES	
Address:	591 CHIPPING LANE	
City-St-Zip:	LONGBOAT KEY, FL 34228	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	DAVISSON, SHARON	
Address:	990 BLVD. OF THE ARTS, UNIT 602	
City-St-Zip:	SARASOTA, FL 34236	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: WALTER F. DAVISSON MGRM 03/16/2009

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