

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052278

Entity Name: DFFT-1, LLC

FILED  
Jan 09, 2007  
Secretary of State

**Current Principal Place of Business:**

C/O COX & NICI 1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 111418  
NAPLES, FL 34108 US

**New Mailing Address:**

FEI Number: 20-3107908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICI, JAMES R ESQ.  
C/O COX & NICI 1185 IMMOKALEE  
SUITE 110  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

NICI, JAMES R ESQ.  
C/O COX & NICI  
1185 IMMOKALEE ROAD, SUITE 110  
NAPLES, FL 34110 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: JAMES R. NICI

01/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DIMUCCI, ROBERT J  
Address: PO BOX 11418  
City-St-Zip: NAPLES, FL 34108 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J. DIMUCCI

MGR

01/09/2007

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