

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055472

Entity Name: DMS VENTURE, LLC

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

6455 POWERS AVE.
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6455 POWERS AVE.
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 54-2179054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREENE, MICHAEL
6455 POWERS AVE.
JACKSONVILLE, FL 32217 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: MGR () Delete
Name: MAHFOUD, ANTONIO
Address: 6455 POWERS AVE.
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR () Delete
Name: DAVIS, STEVEN
Address: 6455 POWERS AVE.
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR () Delete
Name: GREENE, MICHAEL
Address: 6455 POWERS AVE.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

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

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 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: MICHAEL GREENE

CFO

01/31/2006

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