Sent By: Mitchell Wiggins & Company LLP; 804 282 8700;

7/24/2006-90078-030-$50.00-$50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 AM 10: 35

20 - 3014614
I.D. assigned by I.R.S 9/23/06

DOCUMENT # L05000058108

1. Entity Name
DEG, LLC

Principal Place of Business	Mailing Address
980 NELSON'S WALK NAPLES, FL 34102	980 NELSON'S WALK NAPLES, FL 34102

07112006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business / 3. Mailing Address
Suite, Apt. #, etc. / Suite, Apt. #, etc.
City & State / City & State
Zip / Country / Zip / Country

4. FEI Number 073-426-4524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

R & A AGENTS, INC.
% MARK J. PRICE, ASSISTANT SECRETARY
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES, FL 34103-3587

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: DIANE EVANS GRATZ STREET ADDRESS: 980 Nelson's walk CITY-ST-ZIP: Naples Fl 34102	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Diane E. Gratz DIANE EVANS GRATZ MGR 7/12/06 8045609168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #