

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058537

Entity Name: DNT, LLC

FILED  
Feb 07, 2008  
Secretary of State

## Current Principal Place of Business:

701 RIVERSIDE PARK PLACE  
SUITE 310  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

701 RIVERSIDE PARK PLACE  
SUITE 310  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 20-3092056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WIKER, PAMELA L  
701 RIVERSIDE PARK PLACE, SUITE 310  
JACKSONVILLE, FL 32204 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: MM ( ) Delete  
Name: GRAHAM, HENRY H  
Address: 701 RIVERSIDE PARK PLACE, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MM ( ) Delete  
Name: GRAHAM, DIANE M  
Address: 701 RIVERSIDE PARK PLACE, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES:

Title: MM (X) Change ( ) Addition  
Name: GRAHAM, HENRY H JR.  
Address: 701 RIVERSIDE PARK PLACE, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32204

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: HENRY H. GRAHAM, JR.

MM

02/07/2008

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