2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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1. Entity Name DS, LLC



US

Principal Place of Business

6420 LAKE WORTH ROAD LAKE WORTH, FL 33463 US Mailing Address

6420 LAKE WORTH ROAD LAKE WORTH, FL 33463



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number			Applied For
	03-0564276			Not Applicable
5.	Certificate of Status I	Desired		O Additional equired

6. Name and Address of Current Registered Agent

D'AMATO, DAWN L 6886 HOULTON CIRCLE LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of cha- ions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	D'AMATO, DAWN L		U00000538497 01/24/07-80078-010 50.00
STREET ADDRESS	6886 HOULTON CIRCLE		01/24/0/ -8 00/8-010 50.00
CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	MGRM		
NAME	KADRA, STEPHEN	l l	
STREET ADDRESS	17245 46TH COURT NORTH		
CITY+ST-ZIP	LOXAHATCHEE, FL 33470		
TITLE			
NAME			
STREET ADDRESS		l no	NOT WRITE
CITY-ST-ZIP			NOT WINTE
TITLE		INI .	THIS SPACE
NAME		117	THIS STACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-\$T-ZIP			
DILE			

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #