


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000093574</b> 1. Entity Name <b>D. VANFLEET LLC</b>	
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Principal Place of Business <b>51 SOUTH FOUR SEASONS ROAD PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>51 SOUTH FOUR SEASONS ROAD PALM BEACH GARDENS, FL 33410</b>
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05202008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4724647</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

<b>VANFLEET, DOROTHY R JOHN KU 51 SOUTH FOUR SEASONS ROAD PALM BEACH GARDENS, FL 33418</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

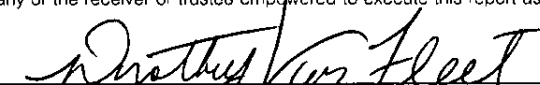
U000000952433  
06/04/08-80078-028 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM VANFLEET, DOROTHY R 51 SOUTH FOUR SEASONS ROAD PALM BEACH GARDENS, FL 33418</b>
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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:** 

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

Date

Daytime Phone #