

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90050 004 ****50.00

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1. Entity Name
DMH MANSIONS, LLC



Principal Place of Business
340 ROWLAND COURT NE
ST. PETERSBURG, FL 33701 US

Mailing Address
PO BOX 7978
ST. PETERSBURG, FL 33734 US

40102747



2. Principal Place of Business
3121 - 4TH STREET N.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

08292006 Chg-LLC CR2E083 (11/05)

City & State
ST PETERSBURG FL
Zip Country
33704 US

City & State
Zip Country

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name DANIEL M. HARVEY JR

Street Address (P.O. Box Number is Not Acceptable)

3121 - 4TH STREET N.

City ST PETERSBURG FL Zip Code 33704

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]* DANIEL M. HARVEY JR 8-29-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HARVEY, DANIEL M JR.
STREET ADDRESS 340 ROWLAND COURT NE
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 3121 - 4TH STREET N.
CITY-ST-ZIP ST PETERSBURG FL 33704 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]* DANIEL M. HARVEY JR 8/29/06 727-571-1090
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #