2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L05000095880

Entity Name: DMF BUCKEYE GROUP, LLC

Current Principal Place of Business:

19950 PETRUCKA CIRCLE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

900 CROGHAN ST
FREMONT, OH 43420

Current Mailing Address:

19950 PETRUCKA CIRCLE
LEHIGH ACRES, FL 33936

New Mailing Address:

900 CROGHAN ST
FREMONT, OH 43420

FEI Number: 20-3536062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARADISO, ANTHONY J
19950 PETRUCKA CIRCLE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

DUNCAN & TARDIF, P.A.
1601 JACKSON ST
SUITE 101
FORT MYERS, FL 33902 US

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: GORDON R. DUNCAN 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PARADISO, ANTHONY J	
Address:	19950 PETRUCKA CIRCLE	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	MGR	(X) Delete
Name:	CARRICK, JERE D	
Address:	19950 PETRUCKA CIRCLE	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	MEMB	(X) Delete
Name:	TAC-PPC, LLC	
Address:	19950 PETRUCKA CIRCLE	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	MEMB	(X) Delete
Name:	HERBERT, MICHAEL P	
Address:	394 SYCAMORE ST.	
City-St-Zip:	TIFFIN, OH 44883	
Title:	MEMB	(X) Delete
Name:	ADELSPERGER, LARRY A	
Address:	380 MELMORE ST.	
City-St-Zip:	TIFFIN, OH 44883	
Title:	MEMB	(X) Delete
Name:	KINN, JOHN D	
Address:	5645 DEWITT RD.	
City-St-Zip:	FOSTORIA, OH 44830	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	TAC-PPC, LLC	
Address:	900 CROGHAN ST	
City-St-Zip:	FREMONT, OH 43420	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: TIMOTHY J. PARADISO MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date