2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000101957

1. Entity Name
DMA CHARLOTTE.LLC



FILED
Jan 31, 2008 08:00 AN
Secretary of State

Principal Place of Business

1840 NE 186 STREET

SUITE 2A

NORTH MIAM! BEACH, FL 33179

Mailing Address

1840 NE 186 STREET

SUITE 2A

NORTH MIAMI BEACH, FL 33179



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 87-0755147 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

AMOILS, DENNIS 1840 NE 186 STREET SUITE 2A NORTH MIAMI BEACH, FL 33179

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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 After May 1, 2008 Fee will be \$538.75

000000807199 02/06/08-80072-003 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR AMOILS, DENNIS 1840 NE 186 STREET NORTH MIAMI BEACH, 2A 33179		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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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 of nustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

1/28

Date

Daytime Phone 4