

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109229

FILED
May 01, 2007
Secretary of State

Entity Name: DYL PROJECT MANAGEMENT, LLC

Current Principal Place of Business:

2200 NW CORPORATE BLVD., SUITE 401
BOCA RATON, FL 33431

New Principal Place of Business:

515 E. LAS OLAS BLVD.
SUITE 1050
FORT LAUDERDALE, FL 33301

Current Mailing Address:

2200 NW CORPORATE BLVD., SUITE 401
BOCA RATON, FL 33431

New Mailing Address:

515 E. LAS OLAS BLVD.
SUITE 1050
FORT LAUDERDALE, FL 33301

FEI Number: 20-3867684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HCRM CORP.
2200 NW CORPORATE BLVD., SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DYL DEVELOPMENT MANA, GER, INC.
Address: 2200 NW CORPORATE BLVD., SUITE 401
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DYL DEVELOPMENT MANA, GER, INC.
Address: 515 E. LAS OLAS BLVD., SUITE 1050
City-St-Zip: FORT LAUDERDALE, FL 33301

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: JOHN YANOPOULOS

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date