

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115339

FILED
Apr 24, 2006
Secretary of State

Entity Name: DS GOD LLC

Current Principal Place of Business:

1540 SW 48TH TR
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1540 SW 48TH TR
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 55-0909873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERARDI, CHRISTOPHER
1540 SW 48TH TR
CAPE CORAL, FL 33914 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: BERARDI, CHRISTOPHER
Address: 1232 SE 21ST AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Delete
Name: LEONARD, ALAN
Address: 1232 SE 21ST AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Delete
Name: SENGER, KEVIN
Address: 1232 SE 21ST AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Delete
Name: SMEDES, JOHN
Address: 311 SW 32ND PL
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES:

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 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 J. SMEDES

MR

04/24/2006

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