

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000682

Entity Name: DMI GROUP, LLC

FILED
Feb 12, 2007
Secretary of State

Current Principal Place of Business:

8261 BLAIKIE CT
SARASOTA, FL 34240

New Principal Place of Business:

8263 BLAIKIE CT
SARASOTA, FL 34240

Current Mailing Address:

8261 BLAIKIE CT
SARASOTA, FL 34240

New Mailing Address:

8263 BLAIKIE CT
SARASOTA, FL 34240

FEI Number: 20-4000711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMSEN, DAVID J
8261 BLAIKIE CT
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

THOMSEN, DAVID J
8263 BLAIKIE CT
SARASOTA, FL 34240 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: DAVID THOMSEN

02/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMSEN, DAVID J
Address: 8261 BLAIKIE CT
City-St-Zip: SARASOTA, FL 34240

Title: MGR () Delete
Name: THOMSEN, MICHELLE C
Address: 8261 BLAIKIE CT
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMSEN, DAVID J
Address: 8263 BLAIKIE CT
City-St-Zip: SARASOTA, FL 34240

Title: MGR (X) Change () Addition
Name: THOMSEN, MICHELLE C
Address: 8263 BLAIKIE CT
City-St-Zip: SARASOTA, FL 34240

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: DAVID THOMSEN

MGR

02/12/2007

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