


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/21/2007-90048-022-\$50.00-\$50.00

FILED
07 SEP 21 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06Q00001008																																															
1. Entity Name DMT HOLDINGS, LLC																																															
Principal Place of Business P.O. BOX 6137 NAVARRE FL 32566		Mailing Address P.O. BOX 6137 NAVARRE FL 32566																																													
2. Principal Place of Business - No P.O. Box # 1739 TURKEY OAK		3. Mailing Address 8668 NAVARRE PKWY																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc. #321																																													
City & State NAVARRE FL.		City & State NAVARRE FL.		4. FEI Number 20-4042100																																											
Zip 32566	Country ST BRDA	Zip 32566	Country ST ARISA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent MCBRIDE, ROBERT W 1739 TURKEY OAK NAVARRE FL 32566				7. Name and Address of New Registered Agent																																											
				Name																																											
				Street Address (P.O. Box Number is Not Acceptable)																																											
				City																																											
				FL Zip Code																																											
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 <u>Robert W. McBride</u> (Signature, typed or printed name of registered agent, and title if applicable) (NOT IF Registered Agent's signature required when registering) DATE																																															
<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007</p>																																															
<table border="1"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGR MCBRIDE, ROBERT W P.O. BOX 6137 NAVARRE FL 32566</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGR MCBRIDE, ROBERT W. 8668 NAVARRE PKWY #321 NAVARRE FL 32566</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM DONAHUE, BRIAN 936 SURREY OAKS DRIVE COLLIERVILLE TN 38017</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM TABACCO HOLDINGS INCORPORATED 2712 170TH STREET SURREY BC V3S9W-8</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM MARKWOOD, JACK 2060 OCEAN VIEW ROAD OCEANSIDE CA 92056</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM MARKWOOD, DENNIS 3526 JOAN STREET LAKE CHARLES LA 70605</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, ROBERT W P.O. BOX 6137 NAVARRE FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, ROBERT W. 8668 NAVARRE PKWY #321 NAVARRE FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONAHUE, BRIAN 936 SURREY OAKS DRIVE COLLIERVILLE TN 38017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TABACCO HOLDINGS INCORPORATED 2712 170TH STREET SURREY BC V3S9W-8	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKWOOD, JACK 2060 OCEAN VIEW ROAD OCEANSIDE CA 92056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKWOOD, DENNIS 3526 JOAN STREET LAKE CHARLES LA 70605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																															
SIGNATURE: <u>Robert W. McBride</u> AUG 15 th 2007 850 565-6324																																															