


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90024 016 \*\*\*\*\*50.00

<b>DOCUMENT # L06000003958</b>													
<b>1. Entity Name</b> DTM INSTRUMENTS, LLC													
<b>Principal Place of Business</b> 3228 ROCK VALLEY DRIVE HOLIDAY, FL 34691			<b>Mailing Address</b> 3228 ROCK VALLEY DRIVE HOLIDAY, FL 34691										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country	<b>4. FEI Number</b> 22-3920127									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name Broad and Cassel</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 100 North Tampa Street, Suite 3500</td> </tr> <tr> <td style="padding: 2px;">City Tampa</td> <td style="padding: 2px;">                 State FL             </td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code 33602</td> </tr> </table>			Name Broad and Cassel		Street Address (P.O. Box Number is Not Acceptable) 100 North Tampa Street, Suite 3500		City Tampa	State FL	Zip Code 33602	
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Street Address (P.O. Box Number is Not Acceptable) 100 North Tampa Street, Suite 3500													
City Tampa	State FL												
Zip Code 33602													
<b>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.</b> <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE <i>Cassie L. Gisclair</i></td> <td style="width:40%;">Cassie L. Gisclair, Esq.</td> <td style="width:30%;">DATE <i>4-3-07</i></td> </tr> </table>						SIGNATURE <i>Cassie L. Gisclair</i>	Cassie L. Gisclair, Esq.	DATE <i>4-3-07</i>					
SIGNATURE <i>Cassie L. Gisclair</i>	Cassie L. Gisclair, Esq.	DATE <i>4-3-07</i>											
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUSSWURM, DIRK 3228 ROCK VALLEY DRIVE HOLIDAY, FL 34691	<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLARK, MAXWELL 3228 ROCK VALLEY DRIVE HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LIM, SOKTEANG 3228 ROCK VALLEY DRIVE HOLIDAY, FL 34691	<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete											
<b>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.</b>			<b>SIGNATURE:</b> <i>Cassie L. Gisclair</i>										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/3/07 813-225-3013										