

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-19-2007 90466 026 ****50.00

DOCUMENT # L06000006461 1. Entity Name DTN INVESTMENTS, LLC					
Principal Place of Business 4820 TAMiami TRAIL PORT CHARLOTTE, FL 33980			Mailing Address 4820 TAMiami TRAIL PORT CHARLOTTE, FL 33980		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-4177771	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DTN Investments NEEDHAM, TINA 4820 TAMiami TRAIL PORT CHARLOTTE, FL 33980			7. Name and Address of New Registered Agent Name Tina Needham Street Address (P.O. Box Number is Not Acceptable) 4820 Tamiami Trail Pt Charlotte City FL Zip Code 33980		
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>Tina Needham Tina Needham</u> DATE <u>3/13/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP President Duane Needham 4820 Tamiami Trail Pt Charlotte FL 33980 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP V-President Tina Needham 4820 Tamiami Trail PORT CHARLOTTE, FL 33980 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
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>Tina Needham Tina Needham</u> DATE <u>3/13/07</u> <u>941-625-9825</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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