

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED
Mar 20, 2008 08:00 A
Secretary of State**

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

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4177771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEEDHAM, TINA
4820 TAMiami TRAIL
PORT CHARLOTTE FL 33980**

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 obligation of, registered agent.

SIGNATURE

Signature (typed or printed name of registered agent and fee applicable)

(NOTE: Registered Agent's signature required with certificate)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **P** ☐ Delete
NAME **NEEDHAM, DUANE**
STREET ADDRESS **4820 TAMiami TR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE ☐ Change ☐ Addition
NAME **U00000864768**
STREET ADDRESS **04/04/08-80027-025**
CITY-ST-ZIP **138.75**

TITLE **VP** ☐ Delete
NAME **NEEDHAM, TINA**
STREET ADDRESS **4820 TAMiami TR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/08 9416259825