

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019220

Entity Name: DGT MANAGEMENT, LLC

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

12397 BELCHER ROAD, SUITE 230
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

12397 BELCHER ROAD, SUITE 230
LARGO, FL 33773 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIN, MICHAEL T
911 CHESTNUT STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TYPROWICZ, THOMAS PRES.
Address: 12397 BELCHER ROAD, SUITE 230
City-St-Zip: LARGO, FL 33772 US

Title: MGRM () Delete
Name: LEGGETT, DONALD O JR
Address: 12397 BELCHER ROAD, SUITE 230
City-St-Zip: LARGO, FL 33772 US

Title: MGRM () Delete
Name: KIELER, GREGORY S
Address: 12397 BELCHER ROAD, SUITE 230
City-St-Zip: LARGO, FL 33772 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TYPROWICZ, THOMAS
Address: 12397 BELCHER ROAD, SUITE 230
City-St-Zip: LARGO, FL 33772 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS G. TYPROWICZ

MGRM

03/24/2008

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