

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021552

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: DSM PROPERTY DEVELOPMENT LLC

**Current Principal Place of Business:**

370 W. DEARBORN ST.  
SUITE A  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

370 W. DEARBORN ST.  
SUITE A  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 20-4622502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROWN, MICHAEL D  
2561 ALESIO AVE.  
NORTH PORT, FL 34223 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: BROWN, DENNIS  
Address: 47 W. MAIN ST.  
City-St-Zip: ATTICA, NY 14011

Title: MGRM ( ) Delete  
Name: BROWN, SEAN  
Address: 5090 CENTRAL SARASOTA PKWY #109  
City-St-Zip: SARASOTA, FL 34223

Title: MGRM ( ) Delete  
Name: BROWN, MICHAEL  
Address: 2561 ALESIO AVE.  
City-St-Zip: NORTH PORT, FL 34286

**ADDITIONS/CHANGES:**

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

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: MICHAEL BROWN

MGRM

02/12/2008

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