

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029606

FILED
Apr 28, 2009
Secretary of State

Entity Name: DTF HOLDINGS, LLC

Current Principal Place of Business:

9191 R. G. SKINNER PARKWAY
SUITE 601
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9191 R. G. SKINNER PARKWAY
SUITE 601
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-4439705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAYLOR, LINDA F
9191 R. G. SKINNER PARKWAY
SUITE 601
JACKSONVILLE, FL 32256 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: FIELDS, WILLIAM D
Address: 5761 SALERNO ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM () Delete
Name: DUGGAR, PAMELA S
Address: 1262 GARRISON DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: TRAYLOR, LINDA F
Address: 137 NATURES WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: DUGGAR, LLOYD A
Address: 1262 GARRISON DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32256

Title: MGRM () Delete
Name: TRAYLOR, RONNIE G
Address: 137 NATURES WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: FIELDS, ROBIN L
Address: 5761 SALERNO ROAD
City-St-Zip: JACKSONVILLE, FL 32244

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:

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

Title: () Change () Addition
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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: LINDA TRAYLOR

MGRM

04/28/2009

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