

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029606

Entity Name: DTF HOLDINGS, LLC

FILED  
Apr 20, 2011  
Secretary of State

**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  
Name: FIELDS, WILLIAM D  
Address: 5761 SALERNO ROAD  
City-St-Zip: JACKSONVILLE, FL 32244

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

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

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

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

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

I hereby 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

04/20/2011

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