



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90036 008 \*\*\*\*50.00

<b>DOCUMENT # L06000050280</b>					
<b>1. Entity Name</b> DGR, LLC					
<b>Principal Place of Business</b> 5201 102ND AVE., NORTH PINELLAS PARK, FL 33782			<b>Mailing Address</b> 5201 102ND AVE., NORTH PINELLAS PARK, FL 33782		
<b>2. Principal Place of Business - No P.O. Box #</b> 911 CHESTNUT ST. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 911 CHESTNUT ST. <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> CLEARWATER, FL Zip: 33756 Country: USA		<b>City &amp; State</b> CLEARWATER, FL Zip: 33756 Country: USA		<b>4. FEI Number</b> 20-4884947	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> RUPPEL, DENNIS G 5201 102ND AVE., NORTH PINELLAS PARK, FL 33782			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____		
<b>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 obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR RUPPEL, DENNIS G 5201 102ND AVE., NORTH PINELLAS PARK, FL 33782			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	911 CHESTNUT ST CLEARWATER, FL 33756
_____ _____ _____	_____ _____ _____			_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____			_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____			_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____			_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____			_____ _____ _____	_____ _____ _____
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3/30/07 727-461-1818 <small>Date Daytime Phone #</small>	