FILED
May 14, 2008 8:00 am
Secretary of State

04-15-2008 90111 004 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000071550

1. Entity Name
DTM ASSOCIATES LLC

30006271

04092008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
18400 W. DIXIE HIGHWAY SUITE D N. MIAMI BEACH, FL 33160	18400 W. DIXIE HIGHWAY SUITE D N. MIAMI BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
19089 W. DIXIE HIGHWAY		19089 W. DIXIE HIGHWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NORTH MIAMI BEACH, FL		City & State: N. MIAMI BEACH, FL	
Zip: 33180	Country: US	Zip: 33180	Country: US

4. FEI Number ~~APPLIED FOR~~ 20-5389491 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANE, PAUL J ESQUIRE 2755 E OAKLAND PARK BLVD SUITE 300, FT LAUDERDALE, FL 33306	Name Street Address (P.O. Box Number is Not Acceptable) 19089 W. DIXIE HIGHWAY City N. MIAMI BEACH FL Zip Code 33180

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SHIDLOWSKY, HOWARD		NAME		
STREET ADDRESS	18400 W DIXIE HIGHWAY, SUITE D		STREET ADDRESS	19089 W. DIXIE HIGHWAY	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: ✓ [signature] 4/8/08 (305) 935-6533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

HOWARD Shidlowsky