2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-14-2007 90211 045 ****50.00

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1. Entity Name
FLORIDA DMM I, LLC

Principal Place of Business
24880 BURNT PINE DRIVE #8
BONITA SPRINGS, FL 34134

Mailing Address
P.O. BOX 366879
BONITA SPRINGS, FL 34136

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

02242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5680316 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
DEWHIRST, NED
24880 BURNT PINE DRIVE #8
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☑ Delete
NAME: MCARDLE DEVELOPMENT, INC.
STREET ADDRESS: P.O. BOX 366879
CITY-ST-ZIP: BONITA SPRINGS, FL 34136

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

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10. ADDITIONS/CHANGES

TITLE: MGR ☐ Change ☑ Addition
NAME: OAKBROOK PROPERTIES, INC.
STREET ADDRESS: 1600 E. MAIN STREET, SUITE B
CITY-ST-ZIP: ST. CHARLES, IL 60174

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: Oakbrook Properties Inc Rodney A. Welty Corp. Secy 3-1-07 6305493643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #