

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90143 022 ****50.00



DOCUMENT # L06000117335
 1. Entity Name
 DSRs, LLC

Principal Place of Business
 423 55TH AVENUE
 ST. PETE BEACH, FL 33706

Mailing Address
 423 55TH AVENUE
 ST. PETE BEACH, FL 33706

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8042305

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



6. Name and Address of Current Registered Agent

VASTI, PETER J
 100 2ND AVENUE SOUTH, SUITE 701
 ST. PETERSBURG, FL 33701

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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPIEGEL, RICHARD 423 55TH AVENUE ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPIEGEL, DONALD 423 55TH AVENUE ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard Spiegel MANAGER 3/6/07 727 547-1547
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #