2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/19/2008-90027-030-$538.75-$538.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 19 AM 10:58

DOCUMENT # L07000000015

1. Entity Name
D & T OF FORT MYERS, LLC

Principal Place of Business	Mailing Address
8971 DANIELS CENTER DRIVE, SUITE 310 FORT MYERS, FL 33912	8971 DANIELS CENTER DRIVE, SUITE 310 FORT MYERS, FL 33912

07082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1280172 ☐ 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
BUTLER, GAREY F 2201 SECOND STREET, 5TH FLOOR FORT MYERS, FL 33901	Name: Deana Homsi Street Address (P.O. Box Number is Not Acceptable): 8971 Daniels Center Dr. #310 City: Fort Myers FL Zip Code: 33912

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: Deana Kay Homsi 7/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Deana Homsi 8971 Daniels Center Dr. #310 Fort Myers, FL 33912 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Samir Homsi 8971 Daniels Center Dr. #310 Fort Myers, FL 33912 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patricia Homsi 8971 Daniels Center Dr. #310 Fort Myers, FL 33912 ☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Deana Kay Homsi 7/11/08 239-939-9020
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #