

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017729

Entity Name: D.D.M.S. L.L.C.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

9191 R. G. SKINNER PARKWAY
SUITE 501
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

9191 R. G. SKINNER PARKWAY
SUITE 501
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 75-3231293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, DYER
9191 R. G. SKINNER PARKWAY
SUITE 501
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MURPHY, DANIEL R
Address: 9191 R. G. SKINNER PARKWAY SUITE 501
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR () Delete
Name: KOEHLER, DAVID
Address: 9191 R. G. SKINNER PARKWAY SUITE 501
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR () Delete
Name: KUEHN, STEPHEN
Address: 9191 R. G. SKINNER PARKWAY SUITE 501
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR () Delete
Name: INTERLINK PROPERTIES,
Address: 9191 R. G. SKINNER PARKWAY SUITE 501
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL R, MURPHY

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date