

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90020 028 \*\*\*138.75

<b>DOCUMENT # L07000049997</b> 1. Entity Name D.N., LTD. CO.			
Principal Place of Business C/O LAW OFFICES OF DAVID M. GOLDSTEIN, P.A. 1441 BRICKELL AVE, STE 1003 MIAMI, FL 33131 US		Mailing Address C/O LAW OFFICES OF DAVID M. GOLDSTEIN, P.A. 1441 BRICKELL AVE, STE 1003 MIAMI, FL 33131 US	
2. Principal Place of Business - No P.O. Box # <b>6301 N. OCEAN BLVD.</b>		3. Mailing Address <b>6301 N. OCEAN BLVD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OCEAN RIDGE FL</b>		City & State <b>Ocean Ridge FL 33435</b>	
Zip <b>33435</b>	Country <b>USA</b>	Zip <b>33435</b>	Country <b>USA</b>
4. FEI Number <b>30-0476261</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOLDSTEIN, DAVID M</b> <b>1441 BRICKELL AVE, STE 1003</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	DN. DVD, LLC JORDAN ZIMMERMAN, MEMBER 2200 W. Commercial BLVD, STE 208B FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	MILLENNIUM GIFT TRUST u/a/d 12/22/00 MARK GILBERT, TRUSTEE 6301 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
Date		Daytime Phone #	