## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L97000001296

1. Entity Name

DEG CAPITAL MANAGEMENT L.C.



Principal Place of Business

140 INTRACOASTAL POINTE DR. #410 JUPITER, FL 33477

Mailing Address

140 INTRACOASTAL POINTE DR. #410 JUPITER, FL 33477

FILED Apr 05, 2007 08:00 A Secretary of State



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03162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0770918 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DEG CAPITAL G.P. I, INC. 140 INTRACOASTAL POINTE DRIVE JUPITER, FL 33477

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	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.
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(NOTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DEG CAPITAL PARTNERS, LTD.
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	MGR
NAME	DEG CAPITAL G.P. I INC.
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE
CITY-ST-ZIP	JUPITER, FL 33477
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STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the englished on this report is true and assurate and the my departure shall have the assurate and the my departure shall have the	

,, U00000690573 4/11/07-80081-021:50:00

DATE

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: January

SIGNATURE AND TYPED OR PRINTED NAME OF SUNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/28/67

561-745-7000

Daytime Phone #