2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

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Entity Name: DPM MANAGEMENT LLC

Current Principal Place of Business:

342 BROADVIEW LANE
ANNAPOLIS, MD 21401

New Principal Place of Business:

5552 NORTH HARBOR VILLAGE DR
VERO BEACH, FL 32967

Current Mailing Address:

342 BROADVIEW LANE
ANNAPOLIS, MD 21401

New Mailing Address:

5552 NORTH HARBOR VILLAGE DR
VERO BEACH, FL 32967

FEI Number: 52-2293573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAKIELSKI, DENNIS J
5552 NORTH HARBOR VILLAGE DR
VERO BEACH, FL 32967 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: MAKIELSKI, DENNIS J
Address: 342 BROADVIEW LANE
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGRM ( ) Delete
Name: MAKIELSKI, PATRICIA
Address: 342 BROADVIEW LANE
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MAKIELSKI, DENNIS J
Address: 5552 NORTH HARBOR VILLAGE DR
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM (X) Change ( ) Addition
Name: MAKIELSKI, PATRICIA
Address: 5552 NORTH HARBOR VILLAGE DR
City-St-Zip: VERO BEACH, FL 32967

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA MAKIELSKI MGRM 01/24/2007

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