

May 1

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000005989	
1. Entity Name DTS & WINKELMANN, LLC	

Principal Place of Business 62 COMMERCE AVENUE, SW - SUITE 200 GRAND RAPIDS, MI 49503	Mailing Address 62 COMMERCE AVENUE, SW - SUITE 200 GRAND RAPIDS, MI 49503
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01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1897611	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WINKELMANN, CRAIG 6149 VISTA LINDA LANE BOCA RATON, FL 33433

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

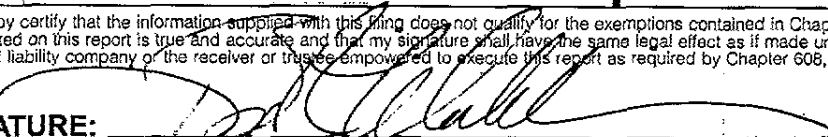
**Filing Fee is \$50.00
Due by May 1, 2006**

U00000515477
04/29/06-80211-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOBOTA, DAVID T 62 COMMERCE AVENUE, SW - SUITE 200 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WINKELMANN, BRIAN R 62 COMMERCE AVENUE, SW - SUITE 200 GRAND RAPIDS, MI 49503
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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:  **4/13/06 (616) 451-4701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #