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	Mailing Address
62 COMMERCE AVENUE, SW - SUITE 200 GRAND RAPIDS, MI 49503	62 COMMERCE AVENUE, SW - SUITE 200 GRAND RAPIDS, MI 49503

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2006

U00000515477
04/29/06-80211-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOBOTA, DAVID T
STREET ADDRESS	62 COMMERCE AVENUE, SW - SUITE 200
CITY-ST-ZIP	GRAND RAPIDS, MI 49503
TITLE	MGRM
NAME	WINKELMANN, BRIAN R
STREET ADDRESS	62 COMMERCE AVENUE, SW - SUITE 200
CITY-ST-ZIP	GRAND RAPIDS, MI 49503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)451-4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #