

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 035 ***150.00

DOCUMENT # P14885

1. Entity Name
DTM COCONUT GROVE, INC.



Principal Place of Business
9336 CIVIC CENTER DR
BEVERLY HILLS, CA 90210 US

Mailing Address
9336 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

60034140



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0682711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHERF, DAVID A
STREET ADDRESS	9336 CIVIC CENTER DR
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	EVPT
NAME	GARCIA, CARLOS
STREET ADDRESS	9336 CIVIC CENTER DR
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	VAS
NAME	ANDERSON, K. ALLEN
STREET ADDRESS	9336 CIVIC CENTER DR
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	VPS
NAME	SMITH III, M. HUE
STREET ADDRESS	9336 CIVIC CENTER DR
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	VAT
NAME	MULROY, BRYAN R., JR
STREET ADDRESS	755 CROSSOVER LANE
CITY-ST-ZIP	MEMPHIS, TN 38117
TITLE	VAT
NAME	STANDEFER, STEVEN W
STREET ADDRESS	755 CROSSOVER LANE
CITY-ST-ZIP	MEMPHIS, TN 38117

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. Allen Anderson

K. ALLEN ANDERSON

7-24-06

310 278 4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #