
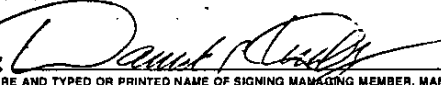


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90080 013 \*\*\*\*50.00

|   |                                      |  |   |   |  |
|---|--------------------------------------|--|---|---|--|
| <b>DOCUMENT # L04000011805</b><br>1. Entity Name<br><b>DGC LLC</b>  |                                      |  |   |  |  |
| Principal Place of Business<br><b>11476 PINE STREET</b><br><b>JACKSONVILLE, FL 32258 US</b>   |                                      |  | Mailing Address<br><b>11476 PINE STREET</b><br><b>JACKSONVILLE, FL 32258 US</b>   |   |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.  |   |   |  |
| City & State  |                                      | City & State   |   |   |  |
| Zip   | Country                              | Zip  | Country   |   |  |
| 4. FEI Number<br><b>20-0764294</b>  |                                      |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |                                      |  |   | 01172005 Chg-LLC CR2E083 (10/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DUDLEY, DANIEL P</b><br><b>11476 PINE STREET</b><br><b>JACKSONVILLE, FL 32258</b>   |                                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                      |  |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |                                      | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                      |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | DUDLEY, DANIEL P                     |  | NAME  |   |  |
| STREET ADDRESS  | 11476 PINE STREET                    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32258               |  | CITY-ST-ZIP   |   |  |
| TITLE   | MGR <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | DUDLEY, JUSTIN R                     |  | NAME  |   |  |
| STREET ADDRESS  | 2891 EVERHOLLY LANE                  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32223               |  | CITY-ST-ZIP   |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | DUDLEY, JOHN L                       |  | NAME  |   |  |
| STREET ADDRESS  | 11478 PINE STREET                    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32258               |  | CITY-ST-ZIP   |   |  |
| TITLE   | MGR <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | DUDLEY, SHILOH W                     |  | NAME  |   |  |
| STREET ADDRESS  | 11478 PINE STREET                    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32258               |  | CITY-ST-ZIP   |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | DUDLEY, GARY L                       |  | NAME  |   |  |
| STREET ADDRESS  | 11480 PINE STREET                    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32258               |  | CITY-ST-ZIP   |   |  |
| TITLE   | MGR <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | DUDLEY, CALEB L                      |  | NAME  |   |  |
| STREET ADDRESS  | 11480 PINE STREET                    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32258               |  | CITY-ST-ZIP   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                      |  |   |   |  |
| <b>SIGNATURE:</b>    |                                      |  | Date: <b>1/12/05</b> Daytime Phone: <b>904-613-0737</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                      |  |   |   |  |