

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057423

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: DC702, LLC

**Current Principal Place of Business:**

18167 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

18167 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 20-2694594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALLAHAN, W. SCOTT ESQ  
C/O STUMP STOREY CALLAHAN DIETRICH & SPEAR  
37 NORTH ORANGE AVENUE, SUITE 200  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

BOWER, HOLLY A ESQ  
12800 UNIVERSITY DRIVE  
SUITE 260  
FORT MYERS, FL 33907 US

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: HOLLY A BOWER ESQ      04/24/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SCHWARZ, DAVID  
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: SCHWARZ, DAVID W  
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500  
City-St-Zip: CLEARWATER, FL 33764

Title: MGR      ( ) Delete  
Name: CLARK, F. DAVE  
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500  
City-St-Zip: CLEARWATER, FL 33764

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID W SCHWARZ      MGR      04/24/2007  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date