2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# M00000001319

Entity Name: DCG RESOURCE OPTIONS, LLC

Current Principal Place of Business:

145 COMMERCIAL ST
PORTLAND, ME 04101

New Principal Place of Business:

Current Mailing Address:

145 COMMERCIAL ST
PORTLAND, ME 04101

New Mailing Address:

FEI Number: 01-0518346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SAUNDERS, PAMELA JEAN
Address: 145 COMMERCIAL ST
City-St-Zip: PORTLAND, ME 04101

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SAUNDERS, PAMELA, JEAN
Address: 145 COMMERCIAL ST
City-St-Zip: PORTLAND, ME 04101 US

Title: MGR ( ) Change (X) Addition
Name: WICHMANN, DAVID, SCOTT
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

Title: MGR ( ) Change (X) Addition
Name: SPARKMAN, DAVID, LYNN
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA JEAN SAUNDERS MGR 04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date