

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069969

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** SERVICE DC, LLC

**Current Principal Place of Business:**

401 E LAS OLAS BOULEVARD, SUITE 1140  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

401 E LAS OLAS BOULEVARD  
SUITE 1220  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E LAS OLAS BOULEVARD, SUITE 1140  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

401 E LAS OLAS BOULEVARD  
SUITE 1220  
FORT LAUDERDALE, FL 33301

FEI Number: 20-3176963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERICAN INFORMATION SERVICES, INC.  
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR  
MIAMI, FL 33131 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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BYRNE, THOMAS C  
Address: 401 E LAS OLAS BLVD STE 1220  
City-St-Zip: FT LAUDERDALE, FL 33301

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: THOMAS C BYRNE

MGR

04/24/2006

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