

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000001649 <small>Entity Name</small> DPC ASSOCIATES, L.L.C.					
<small>Principal Place of Business</small> 9403A S.E. RANDALL COURT HOBE SOUND, FL 33455			<small>Mailing Address</small> 501 MAPLEWOOD DR JUPITER, FL 33458		
<small>Principal Place of Business</small>			<small>Mailing Address</small>		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		<small>FEI Number</small> 65-0985860	
<small>Certificate of Status Desired</small> <input type="checkbox"/>				<small>Additional Fee Required</small>	
DITTMAN, CLARENCE 426 EAGLETON WAY COVE WEST PALM BEACH, FL 33418				<small>Name</small>	
				<small>Street Address (P.O. Box Number is Not Acceptable)</small>	
				<small>City</small>	
				<small>Zip Code</small>	
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
MANAGING MEMBERS/MANAGERS					
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM DITTMAR, CLARENCE 426 EALETON WAY COVE PALM BEACH, FL 33418	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM PUNCHES, DENNIS 8112 W. BLUE MOUND RD #104 MILWAUKEE, WI 53213	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<small>I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</small>					
<i>Betty J. Sigrist, Administrative Assistant</i>				04/12/05 (261) 744-2343 <small>Date Daytime Phone #</small>	