2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# L00000008007

Entity Name: D.V.R. OF S.W. FLORIDA, L.L.C.

Current Principal Place of Business:

13131 UNIVERSITY DRIVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

13131 UNIVERSITY DRIVE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1032155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASHBY, CHARLES
13131 UNIVERSITY DRIVE
FORT MYERS, FL 33907

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:	ASHBY, CHARLES C	
Address:	13131 UNIVERSITY DRIVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	DEZORT, CAROL S	
Address:	13131 UNIVERSITY DR	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGRM	( ) Delete
Name:	VIPCOMMERCIAL INC.,	
Address:	13131 UNIVERSITY DR.	
City-St-Zip:	FORT MYERS, FL 33907	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: CAROL S. DEZORT MGR 04/14/2004

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