NAME STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED 2007 LIMITED LIABILITY COMPANY Apr 19, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # L00000016068 1. Entity Name D & C, LLC Principal Place of Business Mailing Address 1101 S.W. 11TH STREET 1101 S.W. 11TH STREET BOCA RATON, FL 33486 BOCA RATON, FL 33486 CR2E083 (11/05) 01192007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1089206 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POLLEY, ALAN J DO NOT WRITE 1101 S.W. 11TH STREET BOCA RATON, FL 33486 IN THIS SPACE 8. 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fée is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE POLLEY, ALAN J NAME STREET ADDRESS 1101 S.W. 11TH STREET BOCA RATON, FL. 33486 CITY-ST-ZIP MGRM NAME POLLEY, CAROLYN STREET ADORESS 1101 S.W. 11TH STREET CITY-ST-ZIP BOCA RATON, FL 33486 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP - IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the Information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. 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.

SIGNATURE: Olypuly	1/19/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #