

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 92180 021 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000000496

1. Entity Name  
DCT, LLC



Principal Place of Business  
4011 N OCEAN BLVD  
FORT LAUDERDALE, FL 33308

Mailing Address  
4011 N OCEAN BLVD  
FORT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

PO BOX 220550

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
HOLLYWOOD, FL

4. FEI Number

52-2295239

Applied For

Not Applicable

Zip

Country

Zip

Country

33022

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
DORIS STEPENKOWSKI

Street Address (P.O. Box Number is Not Acceptable)

946 N NORTHLAKE DR

City  
HOLLYWOOD

FL

Zip Code  
33019

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

*Doris Stepenkowski*

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent's signature required when resigning)

4/30/03

DATE

FILE NOW!!! FEE IS \$60.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MEM  
CASINO POLONIA-WROCLAW PARTNERSHIP, LTD.  
450 N. PARK RD., STE. 600  
HOLLYWOOD, FL 33021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MEM  
RYSZARD DROZDA, TADEUSZ  
450 N. PARK RD., STE. 600  
HOLLYWOOD, FL 33021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MEM  
TEAM WORK ENTERPRISES, INC.  
450 N. PARK RD., STE. 600  
HOLLYWOOD, FL 33021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE:

*Doris Stepenkowski, POA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03

DATE

954/9270807

DAYTIME PHONE #

CR2E083 (10/02)