

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-13-2002 90095 014 ****55.00

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

DOCUMENT # L01000007193

1. Entity Name

DCI, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
400 Mission Hill Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach, FL

City & State

4. FEI Number
65-1109856

Applied For
Not Applicable

Zip
33435

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mr. Edward Rosen

Street Address (P.O. Box Number is Not Acceptable)
400 Mission Hill Road

Boynton Beach, FL 33435

City Boynton Beach, FL Zip Code 33435

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Member
Mr. Edward Rosen
400 Mission Hill Road
Boynton Beach, FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member/V.P.
Mr. David Rosen
10170 NW 39th Court
Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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.

SIGNATURE:

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

2/18/02

Date

561-270-2812

Daytime Phone #

CR2E083B (12/01)