2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2004
Secretary of State

DOCUMENT# L01000009683

Entity Name: DSSI, LLC

Current Principal Place of Business:

930 TAHOE BLVD., SUITE 802-462
INCLINE VILLAGE, NV 89541

New Principal Place of Business:

Current Mailing Address:

930 TAHOE BLVD., SUITE 802-462
INCLINE VILLAGE, NV 89541

New Mailing Address:

FEI Number: 58-2633040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: P ( ) Delete
Name: THACKER, BHAGWAN
Address: 430 TAHOE BLVD, STE 802-462
City-St-Zip: INCLINE VILLAGE, NV 89541

Title: MGRS ( ) Delete
Name: MILLER, GARY J
Address: 9300 SHELBYVILLE ROAD, STE 300
City-St-Zip: LOUISVILLE, KY 40222

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THACKER, BHAGWAN
Address: 430 TAHOE BLVD, STE 802-462
City-St-Zip: INCLINE VILLAGE, NV 89541

Title: MGR (X) Change ( ) Addition
Name: MILLER, GARY J
Address: 9300 SHELBYVILLE ROAD, STE 402
City-St-Zip: LOUISVILLE, KY 40222

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: GARY J MILLER MGR 08/10/2004

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