# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 31, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # L02000003609

1. Entity Name
D S & C, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 47 S.W. 17TH STREET<br>OCALA, FL 34474 US | 47 S.W. 17TH STREET<br>OCALA, FL 34474 US |

02092005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
01-0612602
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHELAN, WILLIAM H JR.
101 S.W. THIRD STREET
OCALA, FL 34474

**DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | CURRY, D. CRAIG |
| STREET ADDRESS | 47 S.W. 17TH STREET |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | MGRM |
| NAME | WEAVER, DOUG E |
| STREET ADDRESS | 47 S.W. 17TH STREET |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | MGRM |
| NAME | MAPES, SCOTT |
| STREET ADDRESS | 47 S.W. 17TH STREET |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000282602
03/31/05-80051-002 50.00

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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 608, Florida Statutes.

SIGNATURE: Scott Mapes SCOTT MAPES 3/28/05 352-387-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #