## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 13, 2007 8:00 am Secretary of State

DOCUMENT # L0200003609  1. Entity Name D S & C, L.L.C.							02-13-2007	90055 04	48 ****51	0.00	
Principal Place of Business			Mailing Address								
47 S.W. 17TH STREET OCALA, FL 34474 US			47 S.W. 17TH STREET Ocala, Fl 34474 US			HARRINGIE DIN I	Butten stadt ander ander and	n Bank Belga IIII			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc. ,		Suite, Apt. #, etc.			02122007	Chg-LLC	CR2E08	33 (12/06)			
City & State		City & State			4. FEI Number         Applied For Not Applicable						
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name	and Address of Curre	nt Registered Agent		11.	7. Name and	Address of New R	egistered A	gent		
PHELAN, WILLIAM H JR. 101 S.W. THIRD STREET				Name 5			(P.O. Box Number is Not Acceptable)				
OGALA, FL		KEET		Ottaer Vidilless			•		•		
		:			City 7	rala	17th	<u>&gt; /</u> FL	Zio Code	V76-	
8. The above			for the purpose of changing i	ts registere	ed office or regist	tered agent, or both	n, in the State of Flo	orida. I am fa	arniliar with,	and accept	
SIGNATURE .	Max	or printed name of registered ago	MGK MGK	TE: Registere	SCo (	TMA/	E5	DATE	1121	07	
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State				
Fi Di	iling Fee i ue by Ma	is \$50.00 y 1, 2007								•	
Fi Di	iling Fee i ue by Ma	y 1, 2007	BERS/MANAGERS	10.				Departme		• (	
9. 1IILE	MGRM	y 1, 2007 MANAGING MEMI	BERS/MANAGERS	TITLE			Florida	Departme		Addition	
9. TITLE NAME	MGRM CURRY,	y 1, 2007		TITLE			Florida	Departme	ent of State		
9. 1IILE	MGRM CURRY, I	y 1, 2007  MANAGING MEM  D. CRAIG		TITLE NAM STRE	E		Florida	Departme	ent of State		
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	MGRM CURRY, 47 S.W. 1 OCALA, F	MANAGING MEMI D. CRAIG 17TH STREET FL 34471		TITLE NAM STRE CITY	E ET ADDRESS -ST-ZIP		Florida	Departme	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM CURRY, 47 S.W. 1 OCALA, F MGRM WEAVER	MANAGING MEMI D. CRAIG 17TH STREET FL 34471 R, DOUG E	□ Delete	TITLE NAM STRE CITY TITLE NAM	E ET ADDRESS -ST-ZIP E		Florida	Departme	Change	Addition	
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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 Date Devizing Proces of