


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012018

1. Entity Name
 DMAC, LLC



Principal Place of Business 14041 VISTA DEL LAGO BLVD CLERMONT, FL 34711	Mailing Address 4327 SOUTH HWY 27 BOX 320 CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-LLC CR2E083 (10/03)

4. FCI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOBIN & REYES, P.A.
 7251 WEST PALMETTO PARK RD., STE. 205
 BOCA RATON, FL 33433

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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, 2004

U00000140211
 04/29/04-80150-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACDONALD, DAVID 14041 VISTA DEL LAGO BLVD CLERMONT, FL 34711
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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: *David Macdonald* 4-27-04 352-241-4782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/No. Prefix #

DAVID MACDONALD