2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUI 1. Entity Name DPC, LLC			Secretary of State
Principal Place of Business Mailing Address 1150B EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009 HALLANDALE, FL 33009			
DO NOT WRITE IN THIS SPACE			01072005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 22-3897822 Not Applicable 5. Certificate of Status Desired
	6. Name and Address of Current Registered Agent	·	
20801 BIS	, KORN & LEOPOLD, P.A. CAYNE BLVD. A, FL 33180		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renatating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9,	MANAGING MEMBERS/MANAGERS	Ī	04/29/05-80038-004 50.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR LECHTER, ROBERT S 1150B EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOUSTON, BRETT 14377 S.W. 119TH AVENUE MIAMI, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>=</u>	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Δ		
11. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 608. Florida Statutes.			