

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90434 025 ****50.00

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1. Entity Name

DTP MANAGEMENT COMPANY, L.L.C.



Principal Place of Business

12185 S. DIXIE HIGHWAY
 MIAMI FL 33156

Mailing Address

12185 S. DIXIE HIGHWAY
 MIAMI FL 33156

49022976



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0484549

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SU, JAMES
 12185 SOUTH DIXIE HWY
 MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
 NAME: SU, SIXTO
 STREET ADDRESS: 12185 S. DIXIE HIGHWAY
 CITY-ST-ZIP: MIAMI FL 33156

TITLE: MGR
 NAME: SU, SIXTO HENRY
 STREET ADDRESS: 12185 South Dixie Hwy.
 CITY-ST-ZIP: Miami, FL 33156

*There are 2 separate managers.
 Sixto Su & Sixto Henry Su.
 Please make the addition.*

*Thanks
 enclosed ck 1353 \$50.00*

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: *James Su* **JAMES SU** *March 9, 2004* **(305) 251-7616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #