


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90136 016 ****50.00

DOCUMENT # L02000023547

1. Entity Name
DTP MANAGEMENT COMPANY, L.L.C.




Principal Place of Business Mailing Address
12185 S. DIXIE HIGHWAY **12185 S. DIXIE HIGHWAY**
MIAMI FL 33156 **MIAMI FL 33156**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E083 (10/04)

4. FEI Number Applied For
03-0484549 Not Applicable

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

6. Name and Address of Current Registered Agent

SU, JAMES
12185 SOUTH DIXIE HWY
MIAMI FL 33156

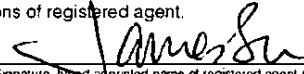
7. Name and Address of New Registered Agent

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  **JAMES SU (Registered Agent)** 1-31-05 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005


9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SU, SIXTO | |
| STREET ADDRESS | 12185 S. DIXIE HIGHWAY | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SU, SIXTO H | |
| STREET ADDRESS | 12185 SOUTH DIXIE HWY | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SU, JAMES | |
| STREET ADDRESS | 12185 South Dixie Hwy. | |
| CITY-ST-ZIP | Miami FL 33156 | |
| TITLE | MGR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SU, DAVID | |
| STREET ADDRESS | 12185 South Dixie Hwy. | |
| CITY-ST-ZIP | Miami FL 33156 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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** 1-31-05 (305) 251-7616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #