


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000023547 1. Entity Name DTP MANAGEMENT COMPANY, L.L.C.	
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Principal Place of Business 12185 S. DIXIE HIGHWAY MIAMI FL 33156	Mailing Address 12185 S. DIXIE HIGHWAY MIAMI FL 33156
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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 (10/05)

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
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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 _____ (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, 2006

U00000414257
02/11/06-80030-020 50.00

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SU, SIXTO	NAME	
STREET ADDRESS	12185 S. DIXIE HIGHWAY	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	CITY - ST - ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SU, SIXTO H	NAME	
STREET ADDRESS	12185 SOUTH DIXIE HWY	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	CITY - ST - ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SU, JAMES	NAME	
STREET ADDRESS	12185 SOUTH DIXIE HIGHWAY	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	CITY - ST - ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SU, DAVID	NAME	
STREET ADDRESS	12185 SOUTH DIXIE HIGHWAY	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 1-29-06 (305) 251-761
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #