


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90122 038 ****55.00

DOCUMENT # L03000002495	
1. Entity Name DC PROPERTY MANAGEMENT, LLC	

Principal Place of Business 4809 ROSSELLE STREET JACKSONVILLE, FL 32205	Mailing Address 4809 ROSSELLE STREET JACKSONVILLE, FL 32205
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24003562

2. Principal Place of Business	3. Mailing Address 4213 Kerle St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State JACKSONVILLE, FL
Zip	Country
32205	



01162004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent ROMANELLO, DUANE C 1919-8 BLANDING BLVD. JACKSONVILLE, FL 32210		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 _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITTIER, CARY D 4809 ROSSELLE STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Whittier, Cary D 4213 Kerle Street JACKSONVILLE, FL 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITTIER, DEBBIE 4809 ROSSELLE STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Whittier, Debbie 4213 Kerle Street JACKSONVILLE, FL 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Debbie Whittier 1/21/04 904-591-2432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #