

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90192 003 ****50.00

DOCUMENT # L03000003668					
1. Entity Name DCM, LLC				Principal Place of Business 276 VAN HOOK RD. DELAND, FL 32724 US	
Mailing Address 276 VAN HOOK RD. DELAND, FL 32724 US				24011489 	
2. Principal Place of Business 500 Calle Grande Suite, Apt. #, etc.		3. Mailing Address Eric Meyers Suite, Apt. #, etc. 500 Calle Grande		01182004 Chg-LLC CR2E083 (10/03)	
City & State Ormond Beach, FL		City & State Ormond Beach, FL		4. FEI Number 56-2312961	
Zip 32174		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYERS, ERIC 500 CALLE GRANDE AVE. ORMOND BEACH, FL 32174				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 _____ (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		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUPUIS, GARY MEMBER	NAME			
STREET ADDRESS	276 VAN HOOK RD.	STREET ADDRESS			
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEYERS, ERIC MEMBER	NAME			
STREET ADDRESS	500 CALLE GRANDE AVE.	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAMBERLAIN, NORM MEMBER	NAME			
STREET ADDRESS	500 CALLE GRANDE AVE.	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Addition		
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"/> Addition		
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 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: <u>Eric Meyers</u>				2-13-04 386-677-2464	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	