

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 29, 2004 8:00 am**  
**Secretary of State**

06-29-2004 90057 011 \*\*\*\*50.00

**DOCUMENT # L03000004894**

1. Entity Name

DS, LLC



Principal Place of Business

199 COMMODORE DR.  
JUPITER FL 33477

Mailing Address

199 COMMODORE DR.  
JUPITER FL 33477

14024459



MOORE

CR2E083 (4/04)

2. Principal Place of Business

3. Mailing Address

550-M Ritchie Hwy #131

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#131

City & State

City & State

Severna Park Md

4. FEI Number

04-3740132

Applied For

Not Applicable

Zip

Country

Zip

21146

Country

USA

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

COHEN, FRED C  
712 U.S. HIGHWAY ONE, SUITE 400  
NORTH PALM BEACH FL 33408

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Frank S Scarpa  
President  
199 Commodore Dr Jupiter FL  
33477

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ 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:

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

Date

Daytime Phone #

410 647 4404