2005 LIMITED LIABILITY COMPANY

Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000007463** 04-29-2005 90063 020 ****50.00 1. Entity Name DCGG, LLC Principal Place of Business Mailing Address **401 SOUTH INDIAN RIVER DRIVE** 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950 04132005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1002469 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FEE, FRANK H III, ESQ DO NOT WRITE **401 SOUTH INDIAN RIVER DRIVE** FORT PIERCE, FL 34950 IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR GILLIHET, GRANT L NAME 470 RUSKIN CIRCLE STREET ADDRESS CITY-ST-ZIP ELK GROVE VILLAGE, IL 60007 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

FILED