


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90099 024 ***138.75

| | |
|---|---|
| DOCUMENT # L03000007463 1. Entity Name DCGG, LLC |  |
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| Principal Place of Business 500 VIRGINIA AVENUE SUITE 200 FORT PIERCE, FL 34982 | Mailing Address 500 VIRGINIA AVENUE SUITE 200 FORT PIERCE, FL 34982 |
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60026827



04062008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-1002469 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FEE, FRANK H III, ESQ 500 VIRGINIA AVENUE SUITE 200 FORT PIERCE, FL 34982 |
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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.

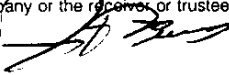
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MMG HOLDINGS, LLC, AN ILLINOIS LLC 3602 CAMPBELL STREET ROLLING MEADOWS, IL 60008 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **FRANK H. FEE, III, ESQUIRE**
AUTHORIZED REPRESENTATIVE
Date: 4/21/2008 Daytime Phone #: 772-461-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE