2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2004
Secretary of State

DOCUMENT# L03000010154

Entity Name: DC SERVICES, LLC

Current Principal Place of Business:

380 SOUTH SR-434, SUITE 1004, #235
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1106 GOLDEN CYPRESS COURT
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

380 SOUTH SR-434, SUITE 1004, #235
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

380 SOUTH S.R.#434
SUITE 1004-235
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 03-0512524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HODGES, GEORGE
585 SOUTH RONALD REAGAN BLVD., SUITE 121
LONGWOOD, FL 327505462 US

Name and Address of New Registered Agent:

MACHLER, CHARLES A MR.
1106 GOLDEN CYPRESS COURT
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: CHARLES A. MACHLER 04/25/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MACHLER, CHARLES A
Address: 8290 PEMBROOKE VILLAS CIRCLE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MACHLER, CHARLES A MR.
Address: 1106 GOLDEN CYPRESS COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES A. MACHLER MGRM 04/25/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date