2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010155

Entity Name: DC SUPPLY, LLC

Apr 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

380 SOUTH SR-434, SUITE 1004, #235 1106 GOLDEN CYPRESS COURT ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

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

ALTAMONTE SPRINGS, FL 32714 US

MACHLER, CHARLES A MR. 380 SOUTH S.R.\$434

SUITE 1004-235

FEI Number: 03-0512518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HODGES, GEORGE 585 SOUTH RONALD REAGAN BLVD., SUITE 121

LONGWOOD, FL 327505462

in the State of Florida.

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,

SIGNATURE: CHARLES A. MACHLER 04/25/2004

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM () Delete (X) Change () Addition

MACHLER, CHARLES A MACHLER, CHARLES A Name: Name: Address: 8290 PEMBROOKE VILLAS CIRCLE Address: 1106 GOLDEN CYPRESS COURT

City-St-Zip: ORLANDO, FL 32810 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