


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000015438 1. Entity Name DCC MANAGEMENT COMPANY, LLC |  |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Principal Place of Business 265 CLYDE MORRIS BLVD., SUITE 100 ORMOND BEACH, FL 32174 | Mailing Address 265 CLYDE MORRIS BLVD., SUITE 100 ORMOND BEACH, FL 32174 |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|



03242005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FCI Number 56-1060664 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|---------------------------------------|
| DO NOT WRITE 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 _____

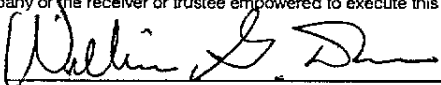
**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|----------------------------------------------------|---------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ARMOUR, WILLIAM 265 CLYDE MORRIS BLVD., SUITE 100 ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U000000359602
05/04/05-80162-006 100.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-19-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #