

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90168 044 ****50.00

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

DO NOT WRITE IN THIS SPACE



05042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

56-1060664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 filer, if applicable.

(NOTE: Registered Agent signature required when constituting.)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ARMOUR, WILLIAM
STREET ADDRESS	265 CLYDE MORRIS BLVD., SUITE 100
CITY - ST - ZIP	ORMOND BEACH, FL 32174

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IN THIS SPACE**

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: *Linda C. Moore / Controller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/1/06 386-671-6778
Date Daytime Phone #