Amended

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

PENDING
06-13-2006 90103 013 ****50.00
SECRETARY OF STATE
L03000015438
DIVISION OF CORPORATIONS
06 JUN 16 AM 10:21

DOCUMENT # L03000015438

1. Entity Name
DCC MANAGEMENT COMPANY, LLC

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

05242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR ARMOUR, WILLIAM 265 CLYDE MORRIS BLVD., SUITE 100 ORMOND BEACH, FL 32174~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIES, WILLIAM 265 Clyde Morris Blvd. Suite 100 Ormond Beach, FL 32174	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 5/24/06 386-671-6778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #