

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**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**



04042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**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 if applicable

(NOTE: Registered Agent Signature required when re-stating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**CITY - ST - ZIP**

U000000724740  
05/02/07-80124-001 50.00

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**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*

*4-4-07*

*386-671-6778*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #