

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016423

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: DCS PROPERTY GROUP, LLC

**Current Principal Place of Business:**

3520 N. COCOA BLVD.  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 236755  
COCOA, FL 329236755 US

**New Mailing Address:**

FEI Number: 43-2013418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LATHEM, STEVEN D  
3520 N. COCOA BLVD.  
COCOA, FL 32926 US

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COOK, ROBERT C  
Address: 1722 PALMER LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR ( ) Delete  
Name: LATHEM, DOUGLAS W  
Address: 2580 COX ROAD  
City-St-Zip: COCOA, FL 32926

Title: MGRM ( ) Delete  
Name: LATHEM, STEVEN D  
Address: 3520 N. COCOA BLVD.  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVEN D. LATHEM

MGRM

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date