2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Feb 09, 2005 08:00 AM DOGUMENT,# L03000019814 **Secretary of State** DLC CAPITAL HOLDINGS, LLC Principal Place of Business Mailing Address 2447 COUNTRY GOLF DRIVE 2447 COUNTRY GOLF DRIVE WELLINGTON, FL 33414 WELLINGTON, FL 33414 01182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 20-0682761 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE LAS CUEVAS, LIZ DO NOT WRITE 2447 COUNTRY GOLF DRIVE WELLINGTON, FL 33414 IN THIS SPACE 5. 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE DE LAS CUEVAS, MARIO E NAME 2447 COUNTRY GOLF DRIVE STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP TITLE U00000221263 02/09/05-80024-017 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE SMAK STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information inclicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited flability company or the eceiver or trustee empowered to execute this report as required by Cifapter 603, Florida Statutes.

FILED