2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L03000022537 1. Entity Name DTECH, LLC					04-30-2004 90070 029 ****55.00				
Principal Place of Business Mailing Address					-		~4U0U722		
1350 E. NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442		1350 E. NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442			,	e Army .			
? Principal P	lace of Queinoss	3. Mailing Address							
2. Principal Place of Business		G. Washing Address		i idalieki bii	DOIDO LIILE DOISE ROILE DOLL	A Kaila ilaik ilaal axisa Eille 18	 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004	Chg-LLC	CR2E083 (10/03)	1		
City & State		City & State		4. FEI Numbe	76-0739	5221	pplied For lot Applicable		
Zip	Country	Zip	Count	try		of Status Desired	\$5.00 Ad Fee Require		
	6. Name and Address of Current I	Registered Agent	gistered Agent			Address of New Re	egistered Agent		
	0551050			Name	Name				
KAY LAW OFFICES ATTN: JAMES R. KAY, ESQ 700 VILLAGE SQUARE CROSSING, STE 102B PALM BEACH GARDENS, FL 33410				Street Address (P.O. Box Number is Not Acceptable)					
			!						
				City FL Zip Code					
The above named entity submits this statement for the purpose of changing its registered affice 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									
	Signature, typed or printed name or registered agent a	ind the it applicable. (1.5.	C. HOGISTO	D Agont argination require	GO WHOTH TORROWNING		·		
Filing Fee is \$50.00 Due by May 1, 2004							e check payable to a Department of Sta	te	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	_ 555.5		E			☐ Change	☐ Addition	
NAME CTREET ADDRESS			NAM	NE EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	s 1350 E. NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442			-ST-ZIP					
TITLE		☐ Delete	TITLE	E			☐ Change	☐ Addition	
NAME			NAM	l l				_	
STREET ADDRESS				EET ADDRESS					
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
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CITY-ST-ZĮP			CITY	'-ST-ZIP		<u></u>			
· TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME Street address			NAM STRE	EET ADDRESS					
CITY-ST-ZIP				r-ST-ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Whited Name of Signing Managing Member, Manager, or authorized representative

04/27/2004

(954) 428-4585

Date

Daytime Phone #