


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000022537</b> 1. Entity Name DTECH, LLC	
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Principal Place of Business 1350 E. NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442	Mailing Address 1350 E. NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442
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**DO NOT WRITE IN THIS SPACE**



03152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 76-0735221	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
KAY LAW OFFICES  
ATTN: JAMES R. KAY, ESQ  
700 VILLAGE SQUARE CROSSING, STE 102B  
PALM BEACH GARDENS, FL 33410

**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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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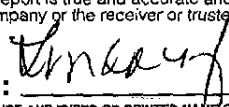
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESPARK ORLANDO, LTD. 1350 E. NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442
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04/26/05-80065-006 55.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>Linda G. Kassof</u> <small>Date</small>	<u>04/22/2005 (954) 428-4585</u> <small>Daytime Phone #</small>
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