2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# L03000024631

Entity Name: DCH DEVELOPMENT LLC

Current Principal Place of Business:

389 ANGLERS DRIVE NORTH
APT 203
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

389 ANGLERS DRIVE NORTH
APT 203
MARATHON, FL 33050

New Mailing Address:

FEI Number: 52-2418997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, ROBERT K
2975 OVERSEAS HIGHWAY
MARATHON, FL 33050 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	EDELSTEIN, DANIEL	
Address:	6659 N SEELEY AVENUE	
City-St-Zip:	CHICAGO, IL 60645	
Title:	MGRM	( ) Delete
Name:	FROST, ROBERT	
Address:	389 ANGLERS DRIVE N, APT 203	
City-St-Zip:	MARATHON, FL 33050	
Title:	MGRM	( ) Delete
Name:	EDELSTEIN, MICHAEL	
Address:	19 AZALEA DRIVE	
City-St-Zip:	KEY WEST, FL 33040	

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 Section 119.07(3)(i), 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: MICHAEL EDELSTEIN MGR 01/25/2005

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