

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025989

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: DL PRODUCTS, LLC

## Current Principal Place of Business:

PO BOX 1765  
BOCA RATON, FL 33429 US

## New Principal Place of Business:

PO BOX 260098  
PEMBROKE PINES, FL 33026 US

## Current Mailing Address:

PO BOX 1765  
BOCA RATON, FL 33429 US

## New Mailing Address:

PO BOX 260098  
PEMBROKE PINES, FL 33026 US

FEI Number: 86-1073730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERCE, DEANNA S  
PO BOX 1765  
BOCA RATON, FL 33429 US

## Name and Address of New Registered Agent:

PIERCE, DEANNA S  
PO BOX 260098  
PEMBROKE PINES, FL 33026 US

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: DEANNA S. PIERCE

03/15/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: PIERCE, DEANNA S  
Address: PO BOX 1765  
City-St-Zip: BOCA RATON, FL 33429 US

Title: MGRM (X) Delete  
Name: RICHARDS, LAWRENCE J  
Address: 2571 TIMBER LANE  
City-St-Zip: DAYTON, OH 45414 US

## ADDITIONS/CHANGES:

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: DEANNA S. PIERCE

MGRM

03/15/2005

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