2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZP

SIGNATURE:

Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # L03000029671 1. Entity Name DCGM, L.L.C. Principal Place of Business Mailing Address 110 BEAUFORT DRIVE 110 BEAUFORT DRIVE LONGWOOD, FL 32779 LONGWOOD, FL 32779 04172005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0704779 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRAMER, CHARLES W DO NOT WRITE 1411 EDGEWATER DRIVE, SUITE 100 ORLANDO, FL 32804 IN THIS SPACE . 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, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGR me NICHOLAS, DIDIER N PRES NAME STREET ADDRESS 110 BEAUFORT DRIVE U00000318671 04/2<u>0</u>/05-80070-002 50.00 CITY-ST-ZIP LONGWOOD, FL 32779 MGR TITLE NICHOLAS, CARINA S VP NAME STREET ADDRESS 110 BEAUFORT DRIVE CITY-ST-7P LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 employeed to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF EMPING MANAGING MEMPER OR AUTHOROPED REPORTSENTATING

FILED