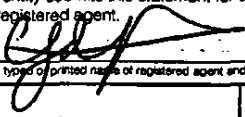
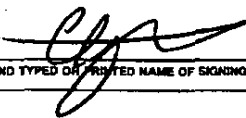
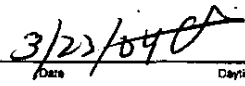


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

02-27-2004 90194 016 ****50.00

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DOCUMENT # L03000033449			
1. Entity Name D.C.P.C. LIMITED LIABILITY COMPANY			
Principal Place of Business 450 VAN PELT LANE PENSACOLA, FL 32505		Mailing Address 450 VAN PELT LANE PENSACOLA, FL 32505	
2. Principal Place of Business 3401 NAVY BLVD.		3. Mailing Address 450 VAN PELT LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA, FL.		City & State PENSACOLA, FL.	
Zip 32505	Country U.S.	Zip 32505	Country U.S.
6. Name and Address of Current Registered Agent PATRONI, CLYDE J. SR 5 SABINE DRIVE PENSACOLA BEACH, FL 32561		7. Name and Address of New Registered Agent Name CLYDE J. PATRONI Street Address (P.O. Box Number Is Not Acceptable) 5 SABINE DR. City PENSACOLA BEACH FL Zip 32561	
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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER CLYDE PATRONI 5 SABINE DRIVE PENSACOLA BEACH, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Clyde J. Patroni 5 Sabine Drive Pensacola Beach, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER DONALD W. MOORE 3337 HARVEY LANE PACE, FL 32571-9619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Donald W. Moore 3337 Harvey Lane Pace, FL 32571-9619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER PETER J. FRAGALE, JR 250 TERRY DRIVE PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Peter J. Fragale, Jr. 250 Terry Drive Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CRAIG S. HANSON 9 W. LLOYD STREET PENSACOLA, FL 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-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: 		3/23/04 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	