2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L03000033449

1. Entity Name

D.C.P.C. LIMITED LIABILITY COMPANY



FILED Feb 10, 2005 08:00 AM Secretary of State

Principal Place of Business

3401 NAVY BLVD.

PENSACOLA, FL 32505 US

Mailing Address

450 VAN PELT LANE PENSACOLA, FL 32505

02082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 87-0706451

Applied For Not Applie:

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

PATRONI, CLYDE J SR **5 SABINE DRIVE** PENSACOLA BEACH, FL 32561

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8. The all	bove named entity submits this statement for the purpose of cha oligations of registered agent.	anging its registered office or registered	agent, or both, in	the State of FI	lorida. I am	familiar with, and acc
SIGNATURE Signature, typed or printed name of registered agent and title if applicable Filling Fee is \$50.00 Due by May 1, 2005		Ti .				
		(NOTE Registered Agent signature required when reinstating)		DATE		
		U00000224416 02/10/05-80087-006 55.00				
9.	MANAGING MEMBERS/MANAGERS		FA (132 47 "1	The second section		
TITLE	P				•	

PATRONI, CLYDE J NAME STREET ADDRESS **5 SABINE DRIVE** CITY-ST-ZIP PENSACOLA BEACH, FL 32561 TITLE MOORE, DONALD W NAME STREET ADDRESS 3337 HARVEY LANE PACE, FL 325719619 CITY-ST-ZIP TITLE FRAGALE, PETER J JR. NAME 250 TERRY DRIVE STREET ADDRESS PENSACOLA, FL 32503 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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)(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

850-572-215