## 2004 LIMITED LIABILITY COMPANY

## Mar 31, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L03000034372 03-31-2004 90347 038 \*\*\*\*50.00 DCW HOLDINGS LLC Principal Place of Business Mailing Address 44031713 6415 GARRETT ST. 6415 GARRETT ST. JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 06-1707350 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOPPMANN, ROBERT Street Address (P.O. Box Number is Not Acceptable) MCGILL, ROSELLI, AYALA & HOPPMANN, PA 2135 SOUTH CONGRESSA VE., STE. 1C WEST PALM BEACH, FL 33406 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 President TITLE ☐ Delete TITLE Addition ☐ Change Douglas W. Sahm, Jr. 6415 Garrett Street Jupiter, FL 33458 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition Secretary NAME NAME Timothy J. White STREET ADDRESS STREET ADDRESS 6415 Garrett Street CITY-ST-ZIP Jupiter, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE Vice President ☐ Change ✓ Addition NAME NAME Christopher Rue STREET ADDRESS STREET ADDRESS 6415 Garrett Street CITY-ST-ZIP CITY-ST-ZIP Jupiter, FL 33458 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition

with this fillion does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and the gray signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the state employment to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied indicated on this report is true and aclimited liability company or the receive

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-7IP

A PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561 262-9460

FILED