

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034656

Entity Name: DMS GROUP, LLC

FILED
Mar 24, 2004
Secretary of State

Current Principal Place of Business:

1896 CORPORATE SQ. BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1896 CORPORATE SQ. BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWINGLE, CATHERINE J
1896 CORPORATE SQ. BLVD.
JACKSONVILLE, FL 32216

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SWINGLE, CATHERINE J
Address: 1644 HAWKINS COVE DRIVE E
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Delete
Name: SWINGLE, JONATHAN S
Address: 1644 HAWKINS COVE DRIVE E
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Delete
Name: DUNLAP, SCOTT A
Address: 12280 MOUNTAIN VIEW TERRACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: MIGHT, DON
Address: 14318 DAHLONEGA LANE
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: DUNLAP, STEVEN A
Address: 4455 SUMMER WALK CT
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CATHERINE J SWINGLE

MGRM

03/24/2004

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