


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000035432**  
 1. Entity Name  
**DSS EQUITY, LLC**



Principal Place of Business <b>2300 GLADES RD., STE. 100E          BOCA RATON, FL 33431</b>	Mailing Address <b>2300 GLADES RD., STE. 100E          BOCA RATON, FL 33431</b>
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01172006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>76-0741372</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENFIELD, WILLIAM R  
 2300 GLADES RD., STE. 100E  
 BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**

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 state if applicable (R/O): Registered Agent signature required when filing in FL

**Filing Fee Is \$50.00  
 Due by May 1, 2006**

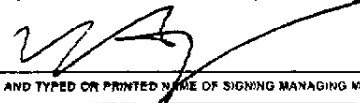
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM GREENFIELD, WILLIAM R 2300 GLADES RD. SUITE 100E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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 04/19/06-80032-025 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

**SIGNATURE:**  **William R. Greenfield** **3/23/06** **561-392-6662**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date User's Phone #