

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009761

Entity Name: DCAS RESIDENTIAL LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

819 MT VERNON PKWY
ALTAMONTE SPGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

819 MT VERNON PKWY
ALTAMONTE SPGS, FL 32701

New Mailing Address:

FEI Number: 26-7111868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMM, DAVID A
819 MT VERNON PKWY
ALTAMONTE SPGS, FL 32701 US

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: MGR () Delete
Name: STAMM, DAVID A
Address: 819 MT VERNON PKWY
City-St-Zip: ALTAMONTE SPGS, FL 32701

Title: MGRM () Delete
Name: STAMM, CHRISTOPHER A
Address: 819 MT VERNON PKWY
City-St-Zip: ALTAMONTE SPGS, FL 32701

ADDITIONS/CHANGES:

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: DAVID A. STAMM

MGR

04/28/2005

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