## 2006 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED **ANNUAL REPORT** Apr 10, 2006 08:00 AM Secretary of State **DOCUMENT # L04000017984** 1. Entity Name DCITY01, L.L.C. Mailing Address Principal Place of Business 7243 BRYAN DAIRY ROAD 7243 BRYAN DAIRY ROAD LARGO, FL 33777 LARGO, FL 33777 04072006 No Cha-LLC CRZE083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 75-3158061 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLEN, GERALD R DO NOT WRITE 7243 BRYAN DAIRY ROAD LARGO, FL 33777 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 Synature, typed or printed name of registered agent, and file it epplicable. (NOTE: Pagistered Agent signature required when reinstating) 000000000213 Filing Fee is \$50.00 Due by May 1, 2006 04/25/06-80013-017 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE BERGEN, HOWARD NARAF STREET ADDRESS 7243 BRYAN DAIRY RD CITY-ST-ZIP LARGO, FL 33777 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE SHARE STREET ADDRESS CITY-ST-ZIP TITLE NAME STRECT ADDRESS CITY-ST-ZIP ITTE STREET LADORESS CITY-ST-ZIP 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 path; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.