2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# L04000020917

Entity Name: DC MANAGEMENT, LLC

Current Principal Place of Business:

P.O. BOX 65923
WASHINGTON, DC 200355923

New Principal Place of Business:

10 EDGEWATER DRIVE
APT. 11A
CORAL GABLES, FL 33133

Current Mailing Address:

P.O. BOX 65923
WASHINGTON, DC 200355923

New Mailing Address:

10 EDGEWATER DRIVE
APT. 11A
CORAL GABLES, FL 33133

FEI Number: 20-0882287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARON, MARJORIE
10 EDGEWATER DR, APT. 11A
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

BARON, MARJORIE
10 EDGEWATER DRIVE
APT. 11A
CORAL GABLES, FL 33133 US

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: _____ 01/17/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GARCIA-PEDROSA, DANIEL
Address: P.O. BOX 65923
City-St-Zip: WASHINGTON, DC 200355923

Title: MGR ( ) Delete
Name: BARON, MARJORIE
Address: P.O. BOX 65923
City-St-Zip: WASHINGTON, DC 200355923

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: BARON, MARJORIE
Address: 11 EDGEWATER DRIVE 11A
City-St-Zip: CORAL GABLES, FL 33133

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: MARJORIE BARON MGR 01/17/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date