


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

01-31-2005 90197 047 ****50.00

30000864



DOCUMENT # L04000023990					
1. Entity Name DCM HOLDINGS, LLC					
Principal Place of Business 1501 DECKER AVENUE, UNIT 518 STUART, FL 34994			Mailing Address 1501 DECKER AVENUE, UNIT 518 STUART, FL 34994		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01102005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 03-0554138				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MALLEY, CLAUDE A 1501 DECKER AVENUE, UNIT 518 STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALLEY, CLAUDE A 1501 DECKER AVENUE, UNIT 518 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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 603, Florida Statutes.					
SIGNATURE: <i>Claude Malley</i>			CLAUDE MALLEY MANAGING MEMBER 1/12/05 772-463-0608		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

Department of the Treasury
Internal Revenue Service

ATTACHMENT# 404000023990

Taxpayer Identification Number
03-0554138

30000864

Date: 3/1/08

To NAME DCM HOLINGS LLC
CARPENTIER ANTHONY P MBR
ADDRESS 1501 DECKER AVE UNIT 518
STUART, FL 34994-3953 434
PHONE NO 772-483-0608
FAX NO 772-223-0088

FROM NAME FRAN QUICK
IRS Covington KY 41011
PHONE NO 800-829-0115
FAX NO

We received your request today asking us to verify your employer identification number (EIN) and name. Your employer identification number is listed above. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents. We are sending Letter 147C under separate cover, confirming the same information for your permanent file. You should receive this letter within four weeks.

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