2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000037344

I. Entity Name DCA, LLC



FILED Feb 09, 2006 08:00 AN **Secretary of State**

Principal Place of Business

1513 LAKE TARPON AVENUE TARPON SPRINGS, FL 34689 Mailing Address

315 WOODLANDING TRIAL OLDSMAR, FL 34677



01222006No Chg-LLC DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 16-1699935 Not Applied X

5. Certificate of Status Desired

\$5,00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

ALVINO, DONALD C 315 WOODLANDING TRAIL OLDSMAR, FL 34677

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3.	The above named entity submits this statement is	or the purpose of changing its registered	f office or registered agent,	or both, in the State of Florida.	I am familiar with, and acc-
	the obligations of registered agent.		• • • •		

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

MANAGING MEMBERS/MANAGERS				
TTLE JAME TREET ADDRESS JTY-ST-ZIP	MGRM ALVINO, DONALD C 315 WOODLANDING TRAIL OLDSMAR, FL 34677			
ITLE HAME ITREET ADDRESS LITY-ST-ZIP				
ITLE JAME STREET ADDRESS SITY-ST-ZIP				
TTLE JAME TREET ADDRESS JTY - ST-ZIP				
TTLE JAME STREET ADDRESS SITY-ST-ZIP				
TITLE JAME STREET AODRESS HTY-ST-ZIP				

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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 the signature shall have the same legal effect as if made under oath; that I am a managing member or manager of limited liability company or the receiver or trustee employered to execute this poport as required by Chapter 608, Florida Statutes.

SIGNATURE:

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