


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90038 027 ****50.00

DOCUMENT # L04000049479					
1. Entity Name DNC HOMES L.L.C.					
Principal Place of Business 2845 W. KINGS HWY. SUITE 201 COCOA FL, FL 32926			Mailing Address PO BOX 546 COCOA, FL 32923		
2. Principal Place of Business <i>3935 Ferner Rd</i>		3. Mailing Address <i>3935 Ferner Rd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Cocoa Fl.</i>		City & State <i>Cocoa Fl</i>		4. FEI Number <i>210091496</i>	
Zip <i>32926</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAMBERS, DENNIS E 440 JACKSON AVE. GREENACRES, FL 33463					
7. Name and Address of New Registered Agent Name: <i>DENNIS CHAMBERS</i> Street Address (P.O. Box Number is Not Acceptable): <i>3935 Ferner Rd</i> City: <i>Cocoa</i> FL Zip Code: <i>32926</i>					
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: <i>Dennis Chambers</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4/13/2005</i>					
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	MGR CHAMBERS, DENNIS E PO BOX 546 COCOA, FL 32923	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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 608, Florida Statutes.					
SIGNATURE: <i>Dennis Chambers</i> DATE: <i>4/13/2005</i> DAYTIME PHONE #: <i>321/315531</i>					