

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90146 009 ****50.00

DOCUMENT # L04000049479

1. Entity Name
DNC HOMES L.L.C.



Principal Place of Business
**3835 FERRER ROAD
COCOA, FL 32926 US**

Mailing Address
**3835 FERRER ROAD
COCOA, FL 32926 US**

2. Principal Place of Business - No P.O. Box #
3935 Fenner Road

3. Mailing Address
3935 Fenner Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cocoa, FL

City & State
Cocoa, FL

Zip
32926

Country
U.S.

Zip
32926

Country
U.S.

01112007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
27-0097496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAMBERS, DENNIS E
3835 FERRER ROAD
COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name **Chambers, Dennis E**

Street Address (P.O. Box Number is Not Acceptable) **3935 Fenner Rd.**

City **Cocoa, FL**

FL

Zip Code **32926**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHAMBERS, DENNIS E
PO BOX 546
COCOA, FL 32923** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**3935 Fenner Road
Cocoa, FL 32926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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

Dennis E Chambers 2/15/07