

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071259

Entity Name: DC LIMITED, LLC

FILED  
May 05, 2005  
Secretary of State

**Current Principal Place of Business:**

901 LIATRIS LOOP  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

9960 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

901 LIATRIS LOOP  
JACKSONVILLE, FL 32259

**New Mailing Address:**

9960 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32256

FEI Number: 20-1687486      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SAMBURSKY, BRUCE S  
901 LIATRIS LOOP  
JACKSONVILLE, FL 32259      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: SAMBURSKY, BRUCE S  
Address: 901 LIATRIS LOOP  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES:**

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

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: BRUCE SAMBURSKY

MGRM

05/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date