## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT Feb 28, 200 Secretary

FILED Feb 28, 2005 8:00 am Secretary of State

ANNUAL REPORT							02-28-2005 90046 016 ****50.00					
DOCUMENT # L04000073930  1. Entity Name DCF FLORIDA III, L.L.C.								<u> </u>	040 010	50.0	O	
Principal Plac			Mailing Address	Mailing Address								
401 CITY LIN Bala Cynwy			401 CITY LINE AVENUE, SUITE 710 BALA CYNWYD, PA 19004			 	ro III Gith ogin fold dar	AH ARKII H <b>ahan</b> Mila F	aite iigū et:	! <b>!!!!</b> !!!!!!!!!		
2. Principal P	lace of Busin	16\$S	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02172005	Chg-LLC	CR2E083		P. d Pag	
City & State			City & State				4. FEI Number	20-173	9370	No	oplied For ot Applicable	
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired			□ \$5 Fee	Fee Required		
	6. Name	and Address of Current F	legistered Agent		Name		7. Name and	Address of New R	tegistered Age	int		
MATTHEY		CESQ VKINS, P.A.					(P.O. Box Number is Not Acceptable)					
4475 LEG	ENDARY		0.001.700.00						<del></del>			
DESTIN, FL 32541				City	City			FL Zip Code				
			the purpose of changing its	register	ed office o	r registen	ed agent, or both	1, in the State of Fk	<u>-</u>	iliar with,	and accept	
the obligat	tions of regist	tered agent.	· · · · · · · · · · · · · · · · · · ·	-		-	-					
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registers	od Agent signal	Life required	) when reinstating)		DATE			
		<u> </u>		<u> </u>	<u></u>					声随道		
Filing Fee is \$50.00 Due by May 1, 2005								Mak Florid	ce check pay e Department	able to of State		
9. TITLE	MGR	MANAGING MEMBER	RS/MANAGERS  Delete	10. TITU	r	me	o	ADDITIONS/		] Change	Addition	
NAME	I	MER, RICHARD H	L3 beas	AE .	Brian D. Ditsheimer							
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 (7/3V). Floride 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 officiate empowered to execute this report as required by Chapter 608, Florida Statutes.												
BUD D'ILL - ALON 2/20/05 610-617-9700												
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Caylore Prove #												