


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90034 046 ****55.00

DOCUMENT # L04000090697			
1. Entity Name PATRIOTS DC, LLC			
Principal Place of Business 12290 EQUINE LANE WELLINGTON, FL 33414 US		Mailing Address 12290 EQUINE LANE WELLINGTON, FL 33414 US	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03302005		Chg-LLC CR2E083 (10/03)	
4. FEI Number <i>20-2012282</i>		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD SUITE 604 PALM BEACH GARDENS, FL 33410		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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		DATE	
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, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASS, JULIE	NAME	<i>SHAMASH, JULIE (married name)</i>
STREET ADDRESS	12290 EQUINE LANE	STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON, FL 33414	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMASH, RON	NAME	
STREET ADDRESS	12290 EQUINE LANE	STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON, FL 33414	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE SHAMASH CHILDREN'S TRUST	NAME	
STREET ADDRESS	12290 EQUINE LANE	STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON, FL 33414	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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>Ron Shamash</i>		Date: <i>4-7-2005</i> Daytime Phone #: <i>561-801-2725</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	