

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90407 036 \*\*\*143.75

|                                       |  |                                                                                   |
|---------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000091015</b>        |  |  |
| 1. Entity Name<br>DSI MANAGEMENT, LLC |  |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>1095 WEST MORSE BOULEVARD<br>WINTER PARK, FL 32789 | Mailing Address<br>1095 WEST MORSE BOULEVARD<br>WINTER PARK, FL 32789 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

00014300

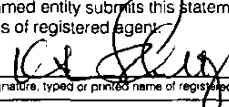


02252008 Chg-LLC CR2E083 (12/06)

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>20-1981251 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

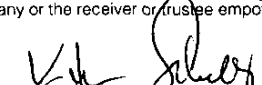
|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
|----------------------------------------------------------------------|--------------------------------|

|                                                                                                                                                                |  |                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>NEUKAMM, MICHAEL E<br>C/O GRAYROBINSON, P.A.<br>301 E. PINE STREET, SUITE 1400<br>WINTER PARK, FL 32789 |  | 7. Name and Address of New Registered Agent<br>Name<br>Kenneth H. Schultz<br>Street Address (P.O. Box Number is Not Acceptable)<br>1095 West Morse Boulevard<br>City<br>Winter Park FL Zip Code<br>32789 |  |
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| 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 <br>Signature, typed or printed name of registered agent and title if applicable                                                 | Kenneth H. Schultz<br>(NOTE: Registered Agent signature required when reinstating)<br>02/25/08<br>DATE |

|                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                                  | 10. ADDITIONS/CHANGES                          |                                                                                                                                                                         |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>COMMUNITY SUPPORTS, INC.<br>1095 WEST MORSE BOULEVARD<br>WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Developmental Services, Ltd.<br>1095 West Morse Boulevard<br>Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |
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| 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                  | Kenneth Schultz<br>02/25/08 (407) 645-3211 x135<br>Date Daytime Phone # |