## 2008 LIMITED LIABILITY COMPANY

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

ANNUAL REPURI						Secretary of State				
DOCUMENT # L0400091015  1. Entity Name DSI MANAGEMENT, LLC						03-03-2008 9		6 ***143	.75	
Principal Place of Business 1095 WEST MORSE BOULEVARD WINTER PARK, FL 32789		Mailing Address 1095 WEST MORSE BOULEVARD WINTER PARK, FL 32789		,	1   <b>100</b>   (100)			I <b>etie</b> i keri eii		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02252008 Chg-LLC CR2E083 (12/06)					
City & State		City & State			4. FEI Number 20-1981251			No	plied For t Applicable	
Zip Country		Zip	Country		5. Certificat		ree Hequirea			
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New F	registered A	gent		
NEUKAMM, MICHAEL E C/O GRAYROBINSON, P.A. 301 E. PINE STREET, SUITE 1400			Name Street		neth H. S	chultz per is Not Acceptable	e)			
	PARK, FL 32789		City	1095 West Morse Boulevard				- Rio Codo		
The above named entity submits this statement for the purpose of changing its rec					Winter Park equistered agent, or both, in the State of Flor			FL Zip Code 32789		
the obligations of registered agent										
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State			) )		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMUNITY SUPPORTS, INC. 1095 WEST MORSE BOULEVAR WINTER PARK, FL 32789	<b>⊠</b> Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	1095	lopmental	Services, Lt se Boulevard FL 32789		[] Change	<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: Kenneth Schultz
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/25/08 (407) <u>645</u>~3211 x<u>135</u> Date

Daytime Phone #