2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000091120

D C MANAGEMENT GROUP LLC

Principal Place of Business

13795 NE 20 PL

NORTH MIAMI, FL 33181

Mailing Address

13795 NE 20 PL

NORTH MIAMI, FL 33181

FIED

08 MAR - 7 PM 3: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



02172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2017161

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required - -

6. Name and Address of Current Registered Agent

CANELO, DANIEL E 13795 NE 20 PL NORTH MIAMI, FL 33181

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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, i	in the State of Florida. I am familiar with, and accept
	the obligations of registered agent.	

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

500121515486 03/28/08--01015--013 **138.75

į	9.	MANAGING MEMBERS/MANAGERS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANELO, DANIEL E 13795 NE 20 PL NORTH MIAMI, FL 33181
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVELLA, MARIANA A 13795 NE 20 PL NORTH MIAMI, FL 33181
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/25**00-8**01**655** 03/25**00-8**01**89-**006 158.75

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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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE