


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L04000091120 1. Entity Name D C MANAGEMENT GROUP LLC	
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**FILED**

08 MAR -7 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 13795 NE 20 PL NORTH MIAMI, FL 33181	Mailing Address 13795 NE 20 PL NORTH MIAMI, FL 33181
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02172008 No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2017161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CANELO, DANIEL E 13795 NE 20 PL NORTH MIAMI, FL 33181	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

600121515486  
03/28/08--01015--013 \*\*138.75

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
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**DO NOT WRITE IN THIS SPACE**

VOICED  
03/25/08--00149--006 158.75

3/7/08

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: Daniel Canelo      Date: 03/01/08      Daytime Phone #: 786 344 6944

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