

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085668

Entity Name: DC707 P4, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

2704 VIA MURANO
CLEARWATER, FL 33764

New Principal Place of Business:

18167 US HIGHWAY 19 NORTH
SUITE 500
CLEARWATER, FL 33764

Current Mailing Address:

2704 VIA MURANO
CLEARWATER, FL 33764

New Mailing Address:

18167 US HIGHWAY 19 NORTH
SUITE 500
CLEARWATER, FL 33764

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, W. SCOTT ESQ.
37 NORTH ORANGE AVE. SUITE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHWARZ, DAVID
Address: 2704 VIA MURANO
City-St-Zip: CLEARWATER, FL 33764

Title: MGR () Delete
Name: CLARK, F. DAVE
Address: 2704 VIA MURANO
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHWARZ, DAVID
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500
City-St-Zip: CLEARWATER, FL 33764

Title: MGR (X) Change () Addition
Name: CLARK, F. DAVE
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID W SCHWARZ

MGR

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date