2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000030211

1. Entity Name
DMTC, LLC

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Principal Place of Business	Mailing Address
41 WEST I-65 SERVICE ROAD NORTH STE 300 MOBILE, AL 36608	41 WEST I-65 SERVICE ROAD NORTH STE 300 MOBILE, AL 36608

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

04252007   Chg-LLC   CR2E083 (12/06)

4. FEI Number
20-4558610

□ Applied For
□ Not Applicable

5. Certificate of Status Desired   □   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPUS, JOSEPH J 25 WEST CEDAR STREET STE 420 PENSACOLA, FL 32502	Name: *Frank M. Gammon, Jr.* Street Address (P.O. Box Number is Not Acceptable): *301 N. US Hwy. 27* *Suite G* City: *Clermont* FL Zip Code: *34711*

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 _____ *FRANK GAMMON* _____   *4/27/06*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

			10.	ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	JDC ACQUISITION CORPORATION		NAME			
STREET ADDRESS	41 WEST I-65 SERVICE ROAD NORTH STE 300		STREET ADDRESS			
CITY-ST-ZIP	MOBILE, AL 36608		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   4-25-07   (251) 340-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #