FILED Feb 26, 2007 8:00 am Secretary of State

2007 LIMITED LIABILITY COMPANY

	ANNUAL	REPORT			02-26-2007 90306 001 ****50.00
DOCUMENT # L06000069161 1. Entity Name DCML ENTERPRISES, LLC					
Principal Place of Business 4081 CHULUOTA RD. ORLANDO, FL 32820		Mailing Address P.O. BOX 249 CHRISTMAS, FL 32709-0249			20005200
2. Principal Place	e of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232007 Chg-LLC CR2E083 (12/06)
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applicab
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
LOCKHART, 4081 CHULU ORLANDO, F		Name LockHART, DAUIX Street Address (P.O. Box Number is Not Acceptable) 28501 E HIGHWAY 50 City HUISTMASS FL Zip Code			
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 accident of registered agent. SIGNATURE Signature, typed or diviney fname of registered agent and title it applicable. (NOTE: Registered Agent signature recovered when reinstating) DATE Make check payable to					
Due	by May 1, 2007	91	ъ		Florida Department of State
9.	MANAGING MEMBE		10.		ADDITIONS/CHANGES
NAME LC STREET ADORESS 40	IGRM OCKHART, DAVID C 081 CHULUOTA RD. RLANDO, FL 32820	LJ Delete	NAME STREE CITY-S		PChange □ Addition 28501 € HIGH WAY 50 CHRIST MAS FC 32709
NAME LC STREET ADDRESS 40	IGRM OCKHART, JUDY A 081 CHULUOTA RD. IRLANDO, FL 32820	☐ Delete	TITLE NAME STREET CITY-S	TADDRESS 2	Drange □Addition 28501 € HIGHWAY 50 CHRISTMAS: FL 32709
NAME LC STREET ADDRESS 40	IGRM OCKHART, DERRICK M 081 CHULUOTA RD. PLANDO, FL 32820	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS 2	□ Change □ Additi 28501 = HKIHWAY 50 CHNISTMNS; FL 32769
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Dølete	TITLE NAME STREE CITY-:	T ADDRESS ST ZIP	t ☐ Cnange ☐ Additi
TITLE NAME STREET ADDRESS Offy-St-Zip		☐ Delete	TITLE NAME SIGRE OFF	T ADDRESS	☐ Cnange ☐ Addliti
NAME STREET ADDRESS GITY-S1-ZIP	tify that the information supplied with		CITY-		☐ Shange ☐ Adulti
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 ORDINO COMPANY ORDIN					