

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076957

Entity Name: DSC PARTNERS, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

6949 MOBILE HIGHWAY
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37159
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-5489905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, JAMIE D
1257 LEAR COURT
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

CLARKE, JAMIE D
9037 ALLEGHENY AVENUE
PENSACOLA, FL 32526 US

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:

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITE, JAMES H SR.
Address: 3411 PINE FOREST RD.
City-St-Zip: CANTONMENT, FL 32533

Title: MGR () Delete
Name: CLARKE, JAMIE D
Address: 1257 LEAR COURT
City-St-Zip: CANTONMENT, FL 32533

Title: MGR () Delete
Name: WHITE, JAMES H JR.
Address: 2070 DOVEFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CLARKE, JAMIE D
Address: 9037 ALLEGHENY AVENUE
City-St-Zip: PENSACOLA, FL 32526

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMIE D. CLARKE

MGR

03/19/2009

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