
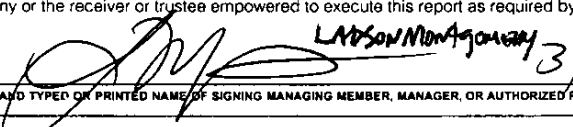


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90275 009 \*\*\*138.75

<b>DOCUMENT # L07000029529</b>																																																							
<b>1. Entity Name</b> DC CORNER LLC																																																							
<b>Principal Place of Business</b> 10739 DEERWOOD PARK BLVD., SUITE 103 JACKSONVILLE, FL 32256			<b>Mailing Address</b> 10739 DEERWOOD PARK BLVD., SUITE 103 JACKSONVILLE, FL 32256																																																				
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																					
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-8666883																																																			
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																																			
<b>6. Name and Address of Current Registered Agent</b>  RAX CO 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px; text-align: right;"> <b>FL</b> </td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> </tr> </table>				Name	Street Address (P.O. Box Number is Not Acceptable)	City	<b>FL</b>	Zip Code																																													
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<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																							
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																																																				
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																																																				
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<b>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.</b>																																																							
<b>SIGNATURE:</b> 				Date: 3/25/08																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: 904 399 5222																																																			