


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L95000000225	
1. Entity Name D.P.C. REALTY, L.C.	

Principal Place of Business 10085 YAMATO RD BOCA RATON FL 33498	Mailing Address C/O JERRY STERNBERG 6554 NW 38TH CT. BOCA RATON FL 33496
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2. Principal Place of Business Suite, Apt #, etc. City & State Zip	3. Mailing Address Suite, Apt #, etc. City & State Zip	Country	Country
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1st MOORE CR2E083 (10/04)

4. FEI Number 65-0577426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent STERNBERG, JERRY 10085 YAMATO RD BOCA RATON FL 33498

7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Florida Department of State</p> <p>Due By May 1, 2005</p>

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERNBERG, JERRY 6554 NW 38TH CT. BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERNBERG, ROSA M 6554 NE 38TH CT. BOCA RATON FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000135126 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/26/05-80016-011 \$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Jerry Sternberg 1/21/05 (561) 241-0454
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>