## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

## FILED Jan 20, 2005 08:00 AM **DOCUMENT # L99000001013 Secretary of State** 1. Entity Name DCN ENTERPRISES, L.L.C. Principal Place of Business Mailing Address **2659 NE 9TH AVE 2659 NE 9TH AVE** CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 01122005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3570949 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OWENS, WILLIAM L DO NOT WRITE C/O BOND, SCHOENECK & KING, P.A. 4001 TAMIAMI TRAIL NORTH, SUITE 404 IN THIS SPACE NAPLES, FL 34103 3. 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) - U00000187021 Filing Fee is \$50.00 Due by May 1, 2005 01/21/05-80083-003 50.00 MANAGING MEMBERS/MANAGERS MGRM TITLE NETHERCOT, DAVID C MAME 1832 IMPERIAL GOLF COURSE BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341101010 TITLE NAME STREET ADDRESS CITY-57-78 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. n. 15,2005