


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000001627**

1. Entity Name  
**DME HOLDING COMPANY, L.C.**



**FILED**  
03 APR 16 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6182 IDLEWILD ST FT MYERS, FL 33912	Mailing Address P.O. BOX 615565 FORT MYERS, FL 33906
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 12800 University Drive Suite, Apt. #, etc. 240	3. Mailing Address PO Box 60956 Suite, Apt. #, etc.
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City & State Ft Myers FL	City & State Ft Myers FL
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4. FEI Number <b>65-0904508</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33907	Country USA	Zip 33906	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

TRUSTON, GREGG S  
BOLANOS, TRUXTON & YOUNG, P.A.  
12800 UNIVERSITY DR STE 340  
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name: **Bolanos Truxton PA.**  
Street Address (P.O. Box Number is Not Acceptable)  
12800 University Dr, Ste 340  
City: **Ft Myers** FL Zip Code: **33907**

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: Gregg S Truxton DATE: 3/25/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	<input type="checkbox"/>
NAME	RUSSELL, BRUCE C	<input type="checkbox"/>
STREET ADDRESS	6182 IDLEWILD ST	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	800016117248	<input type="checkbox"/>
NAME	U4/16/03--U1052--007 **50.00	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
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)(i), 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 60B, Florida Statutes.

SIGNATURE: A Russell DATE: 3/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)