

2001 UNIFORM BUSINESS REPORT (UBR)

0006073 AF

DOCUMENT # L99000007661

1. Entity Name
D.C. DEVELOPMENT GROUP LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -1 PM 1:02

Principal Place of Business
9101 INTERNATIONAL DRIVE
STE 1010
ORLANDO FL 32819

Mailing Address
9101 INTERNATIONAL DRIVE
STE 1010
ORLANDO FL 32819



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **58-2505742**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAOUST, PIERRE M
9101 INTERNATIONAL DR., STE 1010
ORLANDO FL 32819

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **FEB 27, 2001**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR**
STREET ADDRESS **DAOUST, PIERRE**
CITY-ST-ZIP **9101 INTERNATIONAL DRIVE, SUITE 1010 ORLANDO FL 32836**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR**
STREET ADDRESS **DAOUST, JEAN**
CITY-ST-ZIP **9101 INTERNATIONAL DRIVE, SUITE 1010 ORLANDO FL 32836**

TITLE Change Addition
NAME **300003819028**
STREET ADDRESS **-03/08/01--01082--012**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 608, Florida Statutes.

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

DATE **FEB 27, 2001** DAYTIME PHONE # **407/352-6588**

CR2E083 (11/00)