2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: ______

1. Entity Nam	MENT # L9900000769 DCCHI REALTY, L.C.	٠		Mar 01, 2005 08:00 AM Secretary of State					
Principal Plac	e of Business	Mailing Address			1				
88 OLD TOWNE RD. CHESHIRE CT 06410		88 OLD TOWNE RD. CHESHIRE CT 06410							
2. Principal P	Place of Business	3. Malling Address	·········		-	The second secon			
Suite, Apt #, etc.		Suite, Apt. #, etc.			-	1st MOORE	CR2E08	3 (10/04)	
City & State		City & State			4. FEI Nur	mber 58-5643951	·- I	F-4 '	plied For t Applical:
Zip	Country	Zip	Zip Count		5. Certificate of Status Desired			\$5.00 Addi	itional
	6. Name and Address of Current I	Registered Agent			7. Name a	and Address of New R	egistered	Agent	
	(ODEOODY A EQO		Name			•			
280	(, GREGORY A ESQ. 50 U.S. 19 NORTH, SUITE 10 ARWATER FL 33761	0		Street Address (P.O. Box Number is Not Acceptable)					
OLL	ANVAILNIL 33701			City				Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registere		red agent, or	both, in the State of Flo	FL orida. Iam	- `	
the obligat	tions of registered agent.			·					,
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	E Registered	d Agent signature required	d when reinstating)	<u> </u>	DATE		 .
		FILE NO	OW!!! F	EE IS \$50.00					
		Make Check Payab			nt of State				
		Due	e By Ma	y 1, 2005					
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/	'CHANGES	3	
THLE	PRES	☐ Delete	THE	:				Change	Additio
NAME CLOSEL ADDRESS	BACCHIOCCHI, EDWARD		NAM	·					
STREET ADDRESS CITY-ST-ZIP	88 OLD TOWNE RD. CHESHIRE CT 06410			ET ADORESS - ST - ZIP					
TITLE	VP	☐ Delete							
NAME	IQVANNA, MICHAEL	L Derete	TITLE NAMI			100000024	£284	Change	Addilla
STREET ADDRESS	88 OLD TOWNE RD.			ET ADDRESS		037(H705-6)	III (5=(Ji	טע. על פע	
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	BACCHIOCCHI, JOSEPH	,	IMAN						
	88 OLD YOWNE RD.			E LADDRESS					
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Tiff E	SEC	☐ Delete	FITLE	į.				Change	Adullio
NAME SIRFET ADDRESS	IOVANNA BACCHIOCCHI , MARY 88 OLD TOWNE RD.		MAM	1					
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NAME		m Cotole	NAMI					CT CHANGE	☐ Aş
STREET ADDRESS				ET AUDRESS					
CITY-ST-7P			CITA	· \$1 - ZIP					
11. I hereby of indicated limited lia	pertify that the information supplied with on this report is the end/accurate and bility company or the eyer or trustee	this filing does not qualify for that my signature shall have empowered to execute this	r the exer the same report as	mption stated in Se e legal effect as if r s required by Chap	ection 119,07 nade under o ter 608, Florid	(3)(i). Florida Statutes I path; that I am a manaç da Statutes.	I further ce ging memb	rtify that the in er or manager	formation r of the

DEPUNDED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED