


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90151 019 ****50.00

DOCUMENT # M02000001660	
1. Entity Name DSS-PLUMOSA, L.L.C.	

Principal Place of Business 2215 SOUTH YORK ROAD, SUITE NO. 308 OAK BROOK IL 60523	Mailing Address 2215 SOUTH YORK ROAD, SUITE NO. 308 OAK BROOK IL 60523
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2. Principal Place of Business 5100 ACADEMY DRIVE	3. Mailing Address 5100 ACADEMY DRIVE
Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc. SUITE 400
City & State LISLE, IL	City & State LISLE, IL
Zip 60532	Country USA



MOORE CR2E083 (4/04)

4. FEI Number 74-3031689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SAROVICH, DELORES 3015 GOLFSIDE DRIVE NAPLES FL 34110	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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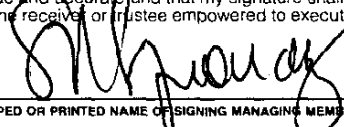
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAROVICH, STEVEN R 2215 SOUTH YORK ROAD, SUITE NO. 308 OAK BROOK IL 60523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SAROVICH, STEVEN R. 5100 ACADEMY DRIVE, SUITE 400 LISLE, IL 60532 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____