


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000596

1. Entity Name
DTC HOLDINGS OF MICHIGAN, LLC



Principal Place of Business Mailing Address
3399 PGA BLVD., STE. 450 **3399 PGA BLVD., STE. 450**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0904608 Not Applicable

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



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent

CUMMINGS, KEITH L
3399 PGA BLVD., STE. 450
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

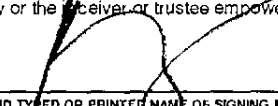
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CUMMINGS, KEITH L	
STREET ADDRESS	3399 PGA BLVD., STE. 450	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHASEN, DONALD L	
STREET ADDRESS	3399 PGA BLVD., STE. 450	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LUCIDO, THOMAS P	
STREET ADDRESS	322 GEORGIA AVE	
CITY - ST - ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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02/03/05-80061-004 50.00

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **KEITH L. CUMMINGS** 4/31/05 561-630-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #