

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021159

Entity Name: DMES PROPERTIES, LLC

FILED  
Apr 02, 2006  
Secretary of State

**Current Principal Place of Business:**

13181 PONDEROSA WAY  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

13181 PONDEROSA WAY  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 02-0547726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUTSTEIN, DAVID  
13181 PONDEROSA WAY  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUTSTEIN, DAVID M  
Address: 13181 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM ( ) Delete  
Name: GROSFLAM, JODI  
Address: 13181 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM ( ) Delete  
Name: GUTSTEIN, LAURIE  
Address: 6013 WEST RIVERSIDE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID GUTSTEIN

MR

04/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date