

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000091717

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** DAKER FAMILY PROPERTIES, L.L.C.

**Current Principal Place of Business:**

2112 SOUTH US 1  
SUITE 201  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

3001 PONCE DE LEON BLVD.  
SUITE 211  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2112 SOUTH US 1  
SUITE 201  
FORT PIERCE, FL 34950

**New Mailing Address:**

3001 PONCE DE LEON BLVD.  
SUITE 211  
CORAL GABLES, FL 33134

**FEI Number:** 20-1630420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAKER, GAIL  
2112 SOUTH US 1  
SUITE 201  
FORT PIERCE, FL 34950 US

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

COLBERT BOUE AND JUNCADILLA, P.A.  
3001 PONCE DE LEON BLVD.  
SUITE 211  
CORAL GABLES, FL 33134 US

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: CARL COLBERT

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAKER, GAIL  
Address: 3001 PONCE DE LEON BLVD. SUITE 211  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: GAIL DAKER

MGRM

04/21/2011

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