2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700000417

1. Entity Name

DSS PROPERTIES, L.C.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90064 027 ****50.00



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of Business BLVD. FL 33435	Mailing Address 728 CASA LOMA BLVD. BOYNTON BEACH FL 33435			1 1011/1011 1	B 18111 (BB4) BB41 B8114 8	1440 18 04 180 44 1			
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State City & State				4. FEI Number 65-0755726			Applied For Not Applicable		
Country	Zip	Zip Country			5. Certificate of Status Desired				
The state of Areas				7. Name and	Address of New Re	egistered Ag	ent -		
6. Name and Address of Current	Hegistered Agent		- Name						
SIMON & SIMON CHARTERED 2255 GLADES ROAD			Street Address (P.O. Box Number is Not Acceptable)						
226-A								ļ	
			City			FL			
amed entity submits this statement for ns of registered agent.	or the purpose of changing its	register	ed office or regist	tered agent, or both	, in the State of Flo	rida. I am fa	miliar with, a	and accept	
ignature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature requ	ired when reinstating)		DATE			
	Make Check Payab	le to Fi	orida Departn	0 nent of State	· 				
MANAGING MEMBI	RS/MANAGERS	10.			ADDITIONS		Change	☐ Addition	
MEM SCAGGS, WILLIAM G. 1520 ROYAL PALM WAY	☐ Celete	NAM STF	ME EET ADDRESS				☐ Change	Addition	
MEM DUGAN, LORRIE A	☐ Delete	TIT	LE ME				Change	☐ Addition	
OLNEY MD 20832		CIT	Y-ST-ZIP	·	-	s 	☐ Change	☐ Addition	
SCAGGS, STEVEN M 16820 ETHLEWOOD TERRACE		ST	REET ADDRESS		. <u> </u>	-		. <u>.</u>	
ODALI IIID 20002	☐ Delete	NA ST	ME REET ADDRESS				☐ Change	☐ Addition	
	☐ Delete	TIT NA ST	TLE AME REET ADDRESS				☐ Change	☐ Addition	
	☐ Delete	TI'	TLE AME TREET ADDRESS				Change	Addition	
	BLVD. FL 33435 De of Business etc. Country 6. Name and Address of Current N & SIMON CHARTERED GLADES ROAD 226-A RATON FL 33431 Amend entity submits this statement for registered agent. MANAGING MEMBI MEM SCAGGS, WILLIAM G. 1520 ROYAL PALM WAY BOCA RATON FL 33432 MEM DUGAN, LORRIE A 17100 FITZROY WAY OLNEY MD 20832 MEM SCÄGGS, STEVEN M 16820 ETHLEWOOD TERRACE OLNEY MD 20832	BLVD. FL 33435 Pe of Business De of Business	BLVD. FIL 33435 728 CASA LOMA BLVD. BOYNTON BEACH FIL 33435 etc. Suite, Apt. #, etc. City & State Country Etc. Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. Country Sui	Mailing Address BBVD. 728 CASA LOMA BLVD. BOYNTON BEACH FL 33435 De of Business	Mailing Address BLVD. FL 33435 READ. FL 33435 READ. FL 33435 READ. FL 33435 READ. READ	Mailing Address 728 CASA LOUA BLVD POYNTON BEACH FL 33435 See of Business 3. Mailing Address 228 CASA LOUA BLVD POYNTON BEACH FL 33435 See of Business 4. FEI Number 65-0755728 Country Zip Country 5. Certificate of Status Desired Check Here Ir City & State Country Size Address of Current Registered Agent 7. Name and Address of New Ri Name— Stroet Address (P.O. Box Number is Not Acceptable) 228-A RATON FL 33431 City samed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioris of registered agent. MANAGING MEMBERS / MANAGERS MEM SCAGGS, WILLIAM G. 1520 ROYAL PALM WAY BOCA RATON FL 33432 MEM DUGAN, LORRIE A 1710 FITZNOY WAY OLINEY MD 20832 MEM DUGAN, LORRIE A 1710 FITZNOY WAY OLINEY MD 20832 Deside TITE NAME SCAGGS, STEVEN M Debte TITE NAME SIREET ADDRESS CITY-ST-2P Debte	Rund Rusiness Rund 728 CASA LOMA BLVD FL 33435 BUYNTON BEACH FL 33435 BOYNTON BEACH FL 33435 CC Country Zip Chip & Country S. Certificate of Status Desired P. R. State Beach Application of State Country S. Certificate of Status Desired P. R. SIMON CHARTERED GLADES ROAD Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL admed arithy submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am far not degree on a spiral part of the purpose of the pur	Mailing Address Page Pag	

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:

MANAGER, OR AUTHORIZED REPRESENTATIVE