2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) **FILED** Feb 09, 2007 08:00 AM DOCUMENT # L99000001334~ **Secretary of State** 1. Entity Name DF & B PROPERTIES, LLC Principal Place of Business Mailing Address 2016 SUNRISE KEY BLVD. FORT LAUDERDALE FL 33304 2016 SUNRISE KEY BLVD. FORT LAUDERDALE FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. # etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 65-0912285 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RANKIN, JANE ESQ. Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD, STE. 1600 FT, LAUDERDALE FL 33301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed culprinted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Delete THILE ☐ Change ■ Addition EMMERT, RICHARD NAME NAME U00000630245 STREET ADDRESS 2016 SUNRISE KEY BLVD STREET ADDRESS 02/19/07-80034-003 50.00 CITY+ST-7IP CITY-ST-7IP FORT LAUDERDALE FL 33304 BILE ☐ Delete ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7P Tift F ☐ Delete 1000 ☐ Change Addition NAME. NAME STRUCT ADDRESS STREET ADDRESS CITY+ST-ZIP CHY-SI-ZIP MIE Delete TITLE ☐ Change ☐ Addition MAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7/P THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

indicated on this report is true and accurate and that my signature shall have the same logal 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. Kichard W. Emment 2-6-07 (412) 915-5050

STREET ADDRESS

CHTY-S1-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutos, I further certify that the information

STREET ADDRESS

CITY-ST-7IP