


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # L00000001881 1. Entity Name DNC PROPERTY, LLC	
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Principal Place of Business 41 CLEVELAND CT. PALM COAST, FL 32137	Mailing Address 41 CLEVELAND CT. PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0986402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STOFF, RICHARD R 41 CLEVELAND COURT PALM COAST, FL 32137

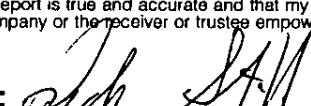
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOFF, RICHARD R 41 CLEVELAND COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOFF, DARLENE D 41 CLEVELAND COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000781267 01/15/08-80027-012 143.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <i>Rich Stoff</i> 1-07-08 904 669 6215 386 447 3310
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date</small>
<small>Daytime Phone #</small>