

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000013086</b>		
1. Entity Name D & T PROPERTIES, L.C.		
Principal Place of Business 1205 MANATEE AVENUE WEST BRADENTON, FL 34205		Mailing Address 1205 MANATEE AVENUE WEST BRADENTON, FL 34205
<b>DO NOT WRITE IN THIS SPACE</b>		
		07092004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 65-1049784		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		
KNOWLES, TIMOTHY A ESQ. HARRLEE, PORGES, HAMLIN, KNOWLES ET AL. 1205 MANATEE AVENUE WEST BRADENTON, FL 34205		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, IAN M #7 COURTLANDS AVENUE, HAYES, BROMLEY KENT BR2 7HY UK,	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DROZD, MICHAEL #4 CHATSWORTH CLOSE, WEST WICKHAM BROMLEY KENT BR6 9OS US,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  M. DROZD		11/JUL/04 44 208 462 6262
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>