


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000015729

1. Entity Name
D.T.T. PROPERTIES, LLC



Principal Place of Business Mailing Address

1816 LYNNCREST ROAD **1816 LYNNCREST ROAD**
LAKELAND, FL 33803 **LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3688701	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

EVANS, THOMAS E JR.
1816 LYNNCREST RD.
LAKELAND, FL 33803

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

Filing Fee is \$50.00
Due by May 1, 2006


000001879843
 01/10/06-80041-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, THOMAS E JR. 1816 LYNNCREST RD. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOMBARD, TORY E JR. 1816 LYNNCREST RD. LAKELAND, FL 33803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **THOMAS E EVANS JR** **1/6/06** **863-604-2553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #