

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015932**

1. Entity Name  
DUMARC PROPERTIES, L.L.C.



Principal Place of Business  
12624 LAKE DENISE BLVD.  
CLERMONT, FL 34711

Mailing Address  
13114 SKIING PARADISE BLVD., SWISS SKI SCH  
OOD  
CLERMONT, FL 34711



04052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3208503

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BURRIDGE, MARK  
12624 LAKE DENISE BLVD.  
CLERMONT, FL 34711

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	GRIMM, DENISE
STREET ADDRESS	13114 SKIING PARADISE BLVD.
CITY- ST- ZIP	CLERMONT, FL 34711
TITLE	MGRM
NAME	BURRIDGE, MARK
STREET ADDRESS	48 PINE WALK
CITY- ST- ZIP	SARSHALTON SURREY, SM54HD
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000523653  
05/05/06-80085-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04.18.06 (352)4292178

Date

Daytime Phone #