

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001411

Entity Name: D & J PROPERTIES, LLC

FILED
Jul 21, 2006
Secretary of State

Current Principal Place of Business:

511 MEDICAL PLAZA DRIVE
SUITE 101
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

511 MEDICAL PLAZA DRIVE
SUITE 101
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3694746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALKER, GARY
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEW, DAVID
Address: 5201 BANANA POINT DRIVE
City-St-Zip: OKAHUMPKA, FL 34762

Title: MGRM () Delete
Name: LEW, JUNE
Address: 5201 BANANA POINT DRIVE
City-St-Zip: OKAHUMPKA, FL 34762

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUNE LEW

MRS

07/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date