



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000001823 1. Entity Name DGE PROPERTIES, LLC						FILED 04 SEP 30 PM 12:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 257 COCONUT PALM RD. BOCA RATON, FL 33432				Mailing Address 257 COCONUT PALM RD. BOCA RATON, FL 33432			
2. Principal Place of Business 251 Coconut Palm Rd		3. Mailing Address 251 Coconut Palm Rd					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Boca Raton, FL 33432		City & State Boca Raton, FL 33432					
Zip 33432		Country		Zip 33432		Country	
6. Name and Address of Current Registered Agent SAWYER, EDWARD E C/O WHITE & CASE LLP 200 S BISCAYNE BOULEVARD, SUITE 4900 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <u>Connie Bryan</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY </div> <div style="width: 30%; text-align: right;"> DATE <u>9/30/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>							
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, STEVEN M MD 200 S BISCAYNE BLVD STE 4900 MIAMI, FL 331312352	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	251 Coconut Palm Road Boca Raton, FL 33432		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, REBECCA J 251 COCONUT PALM RD. BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Steven M. Scott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Steven M. Scott, M.D.			
Date 09-27-04				Daytime Phone # 919 425 1500			