

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90072 050 \*\*\*\*50.00

0042265

**DOCUMENT # L01000007818**

1. Entity Name

**DP REAL ESTATE INVESTORS, LLC**



Principal Place of Business

**1242 PINEBROOK WAY  
VENICE FL 34292**

Mailing Address

**1242 PINEBROOK WAY  
VENICE FL 34292**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1104931**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PAOLILLO, MARK  
1242 PINEBROOK WAY  
VENICE FL 34292**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 *Mark Paolillo*

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

(NOTE: Registered Agent signature required when reinstating)

**4/24/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAOLILLO, MARK</b>	NAME	
STREET ADDRESS	<b>1242 PINEBROOK WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	CITY-ST-ZIP	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAOLILLO, CAROLINE</b>	NAME	
STREET ADDRESS	<b>1242 PINEBROOK WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	CITY-ST-ZIP	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESTANDINS, DALE E</b>	NAME	<b>MGRM DESTANDINS, DALE E</b>
STREET ADDRESS	<b>1242 PINEBROOK WAY</b>	STREET ADDRESS	<b>1242 Pinebrook way</b>
CITY-ST-ZIP	<b>VENICE FL 34292</b>	CITY-ST-ZIP	<b>Venice, FL 34292</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEACH, TIM</b>	NAME	
STREET ADDRESS	<b>1242 PINEBROOK WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: *Mark Paolillo* **SIGNATURE REQUIRED**

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

**4/24/03**

DATE

**(941)480-0068**

DAYTIME PHONE #

CR2E083 (10/02)