
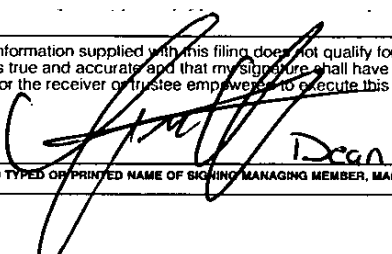


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90156 014 ****50.00

DOCUMENT # L01000015482 1. Entity Name DOYLE PROPERTIES, L.L.C.					
Principal Place of Business 2975 ADMIRAL STREET FORT PIERCE, FL 34982			Mailing Address 2975 ADMIRAL STREET FORT PIERCE, FL 34982		
2. Principal Place of Business 3306 Enterprise Road Suite, Apt. #, etc.		3. Mailing Address 3306 Enterprise Road Suite, Apt. #, etc.			
City & State Fort Pierce, Florida		City & State Fort Pierce, Florida		4. FEI Number 65-1146718	
Zip 34982		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent - DOYLE, DEAN 2975 ADMIRAL STREET FORT PIERCE, FL 34982			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYLE, DEAN 2975 ADMIRAL STREET FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYLE, MICHAEL 2975 ADMIRAL STREET FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYLE, MICHAEL 2975 ADMIRAL STREET FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYLE, MICHAEL 2975 ADMIRAL STREET FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYLE, MICHAEL 2975 ADMIRAL STREET FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
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:  member-manager 1/23/05 772-464-2378 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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