
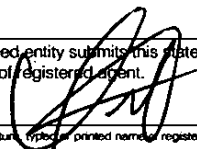
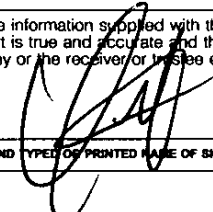


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90061 022 ****50.00

DOCUMENT # L01000015482 1. Entity Name DOYLE PROPERTIES, L.L.C.		
Principal Place of Business 3306 ENTERPRISE ROAD, Ste #103 FORT PIERCE, FL 34982	Mailing Address 3306 ENTERPRISE ROAD, Ste #103 FORT PIERCE, FL 34982	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DOYLE, DEAN 3306 Enterprise Rd. Ste #103 FT Pierce, FL 34982		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:  (NOTE: Registered Agent signature required when reinstating) _____ 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, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOYLE, DEAN 3306 ENTERPRISE ROAD, Ste #103 FORT PIERCE, FL 34982	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOYLE, MICHAEL 3306 ENTERPRISE ROAD, Ste #103 FORT PIERCE, FL 34982	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  1/15/07 7724642378 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1146718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**