


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000016248**  
 1. Entity Name  
**DUNN PROPERTIES OF SOUTHWEST FLORIDA, L.L.C.**



Principal Place of Business  
**2032 HAWTHORNE STREET  
 SARASOTA, FL 34239**

Mailing Address  
**2032 HAWTHORNE STREET  
 SARASOTA, FL 34239**

**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-1139099</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DOERR, KENNETH D  
 240 S PINEAPPLE AVE  
 SARASOTA, FL 34236**

**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)  
 \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNN, CARY L M.D. 2032 HAWTHORNE STREET SARASOTA, FL 34239
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 03/27/07-80107-012 50.00

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:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: **3/12/07** Daytime Phone #: **941-955-0360**