


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L01000019433 1. Entity Name DONNA PROPERTIES, LLC	
--	---

Principal Place of Business 2575 EDISON AVE JACKSONVILLE, FL 32204	Mailing Address 2575 EDISON AVE JACKSONVILLE, FL 32204
--	--



04082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3755857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENTLEY, DONNA S
2575 EDISON AVE
JACKSONVILLE, FL 32204

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNA, BENTLEY S 2575 EDISON AVE JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN, BENTLEY W 2575 S. EDISON AVE JACKSONVILLE, FL 32204
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	

U00000891865
04/23/08-80040-015 138.75

DO NOT WRITE IN THIS SPACE

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:  4/10/2008 (904) 388-8665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #