

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000013349**

1. Entity Name  
DCB PROPERTIES, L.C.



Principal Place of Business

110 N.W. 2ND AVENUE  
GAINESVILLE, FL 32601

Mailing Address

110 N.W. 2ND AVENUE  
GAINESVILLE, FL 32601

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

01-0761439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EMERSON, WILLIAM J  
110 N.W. 2ND AVENUE  
GAINESVILLE, FL 32601

**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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EMERSON, DON M JR  
110 N.W. 2ND AVENUE  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EMERSON, CHARLES P  
110 N.W. 2ND AVENUE  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EMERSON, WILLIAM J  
110 N.W. 2ND AVENUE  
GAINESVILLE, FL 32601

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000172592  
01/06/05-80002-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

William Emerson 1-3-2005 352-372-5645