

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000013349

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**



02282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

000000459579
03/18/06-80038-021 50.00

**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 603, Florida Statutes.

SIGNATURE:

William Emerson
William Emerson

2-28-2006 352-372-5645

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

Date

Daytime Phone #