

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 01, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000023550**

1. Entity Name  
DBLK PROPERTIES, L.L.C.



Principal Place of Business

611 NW 45TH AVENUE  
COCONUT CREEK, FL 33066

Mailing Address

611 NW 45TH AVENUE  
COCONUT CREEK, FL 33066



03092005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3652756

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ  
1177 SE 3RD AVENUE  
FORT LAUDERDALE, FL 33316

**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  
THOMPSON, KENT H  
611 NW 45TH AVENUE  
COCONUT CREEK, FL 33066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
THOMPSON, DEANNA J  
611 NW 45TH AVENUE  
COCONUT CREEK, FL 33066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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04/01/05-80039-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Deanna Thompson*  
Deanna Thompson

3-11-05 (954)781-6137

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

Date

Daytime Phone #