

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030279

FILED
Feb 11, 2005
Secretary of State

Entity Name: DIGITAL PROPERTIES LLC

Current Principal Place of Business:

9715 WEST BROWARD BLVD.
NUMBER 263
PLANTATION, FL 33324 US

New Principal Place of Business:

420 SOUTH BEACH STREET
ORMOND BEACH, FL 32174 US

Current Mailing Address:

9715 WEST BROWARD BLVD.
NUMBER 263
PLANTATION, FL 33324 US

New Mailing Address:

420 SOUTH BEACH STREET
ORMOND BEACH, FL 32174 US

FEI Number: 04-3754956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, BRUCE W
420 SOUTH BEACH STREET
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JANSEN, MICHAEL S
Address: 12481 SW 1ST STREET
City-St-Zip: PLANTATION ACRES, FL 33325

Title: MGR () Delete
Name: NEWMAN, BRUCE W
Address: 420 SOUTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 33179

Title: MGR () Delete
Name: PRINZO, MICHAEL
Address: 1658 NE 205TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: MGR () Delete
Name: JANSEN, JENNIFER W
Address: 12481 SW 1ST ST
City-St-Zip: PLANTATION ACRES, FL 33325

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL S JANSEN

MGRM

02/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date