

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90140 026 \*\*\*\*50.00

20000243



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
16-1639896

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L02000030948

1. Entity Name  
AJDP PAPPAS EXCHANGE PROPERTY, LLC



Principal Place of Business  
4532 U.S. HIGHWAY 19, 2ND FLOOR  
NEW PORT RICHEY, FL 34652

Mailing Address  
4532 U.S. HIGHWAY 19, 2ND FLOOR  
NEW PORT RICHEY, FL 34652

2. Principal Place of Business  
7916 Evolutions Way  
Suite, Apt. #, etc.  
Suite 106  
City & State  
Trinity, FLORIDA  
Zip  
34655  
Country  
PASCO

3. Mailing Address  
7916 Evolutions Way  
Suite, Apt. #, etc.  
Suite 106  
City & State  
Trinity, FLORIDA  
Zip  
34655  
Country  
PASCO

6. Name and Address of Current Registered Agent  
MITCHELL, D. DEWEY  
4532 U.S. HIGHWAY 19, 2ND FLOOR  
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent  
Name  
Mitchell, D. DEWEY  
Street Address (P.O. Box Number is Not Acceptable)  
7916 Evolutions Way  
Suite 106  
City  
Trinity  
FL  
Zip Code  
34655

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 *D. Dewey Mitchell* D. Dewey Mitchell 2-10-06  
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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MITCHELL, D. DEWEY 4532 US HIGHWAY 19 NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Mitchell, D. DEWEY 7916 Evolutions Way, Suite 106 Trinity, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *D. Dewey Mitchell* D. Dewey Mitchell 2-10-06 727-569-2332  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #