

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000030953

1. Entity Name
DJM 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

FILED
Apr 14, 2005 08:00 AM
Secretary of State



01042005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number 16-1639583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, D. DEWEY
4532 U.S. HIGHWAY 19, 2ND FLOOR
NEW PORT RICHEY, FL 34652

**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	T MITCHELL, DEWEY D 4532 U.S HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652222
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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

D. Dewey Mitchell
D. Dewey
Mitchell 4-7-05 727-847-6556

Date

Daytime Phone #