## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L02000031280** 

1. Entity Name DCH PROPERTIES, LLC



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

9400 RIVER CROSSING BLVD #104 NEW PORT RICHEY, FL 34655 P.O. BOX 2108 ELFERS, FL 34680-2108 US



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 82-0573131 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, JOHN E JR. 9400 RIVER CROSSING BLVD #104 NEW PORT RICHEY, FL 34655			DO NOT WRITE IN THIS SPACE	
<ol> <li>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.</li> </ol>				
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS	MGRM HUDSON, JOHN E JR. 9400 RIVER CROSSING BLVD #104		NUUUUUAASAAS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		05/29/08-80039-004 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			30, 20, 30, 30, 30, 10, 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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:** 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/28/8

717 275 1166

Daytime Phone #