## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DF COMMERCIAL PROPERTIES, LLC					6		05 APF	? 21 F	T 2: 07	
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Principal Place of Business		Mailing Address	•			T.	ALL 511	,, (.,.: -	i Onit	
1521 67TH ST CT E Bradenton, FL 34208		4949 STRT 64 E PMB#214	4949 ST RT 64 E					transki ila a	· VIIII	
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2. Principal Place of Business		3. Mailing Address		-						
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		Suite, Apt. #, etc.		02222005	Chg-LLC	CR2E0	83 (10/03)			
City & State		City & State				<del> </del>		<u> </u>	plied For t Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		\$5.00 Add		
h	6. Name and Address of Current	Registered Agent	gistered Agent			7. Name and Address of New Registered Agent				
SADORF, RICK W ESQ.				Name						
2201 NORTHEAST COACHMAN RD. SUITE 102		Street Address		Street Address (	s (P.O. Box Number is Not Acceptable)					
CLEARWATER, FL 33765										
_			City				FL	Zip Code	9	
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 site it applicable (NOTE: Registered Agent signature required when renistating)  DATE										
	Signature, typed or printed trains of registered agent	and the supplicable. (NOTE:	. riegisieleu	Adeit signature required	o witer revisibility)	<del></del>	UATE			
Filing Fee is \$50.00 Due by May 1, 2005						te check pa a Departme		,		
9. MANAGING MEMBI		RS/MANAGERS 10.				ADDITIONS	/CHANGES			
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CITY-ST-ZIP	certify that the information supplied with	h this filing does not qualify for	the exer	mption stated in Se	ection 119.07(3)	(i), Florida Statutes.	I further cer	ify that the in	nformation	
11. I hereby of indicated	certify that the information supplied wit on this report is true and accurate and ability company or the receiver or truste	that my signature shall have t	the exer	mption stated in Se e legal effect as if r	made under oat	n; that I am a mana	I further cen ging membe	lify that the in er or manage	nformation er of the	
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CITY-SI-ZIP  11. I hereby a indicated	on this report is true and accurate and ability company or the receiver or truste	d that my signature shall have to empowered to execute this r	the exer he same report as	mption stated in Se legal effect as if r required by Chap	made under oat oter 608, Florida	n; that I am a mana	ging membe	lify that the interpretation of the control of the	ntormation er of the	