# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2005 8:00 am**
**Secretary of State**
04-27-2005 90029 048 ****50.00

DOCUMENT # L03000005361

1. Entity Name
DGDL PROPERTIES, LLC

Principal Place of Business
13336 NORTH CENTRAL AVENUE
TAMPA, FL 33612

Mailing Address
1611 WEST PLATT STREET
TAMPA, FL 33606

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
13336 NORTH CENTRAL
Suite, Apt. #, etc. AVENUE
City & State TAMPA FL
Zip 33612 Country USA

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0673583
☐ Applied For
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

KOEHLER, KEITH W
1611 WEST PLATT STREET
TAMPA, FL 33606

**7. Name and Address of New Registered Agent**

Name DAVID BEKHOR
Street Address (P.O. Box Number is Not Acceptable) 13336 NORTH CENTRAL AVE.
City TAMPA FL Zip Code 33612

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 _____ 4/21/05
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**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>KOEHLER, KEITH W<br>1611 WEST PLATT STREET<br>TAMPA, FL 33606 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>P D<br>DAVID BEKHOR<br>13336 NORTH CENTRAL AVENUE<br>TAMPA FL 33612 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>VP D<br>LAURA NANNI<br>603 WATERWOOD CT.<br>LUTZ, FL 33548 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #