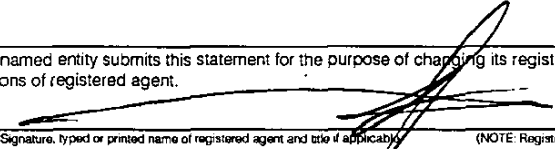
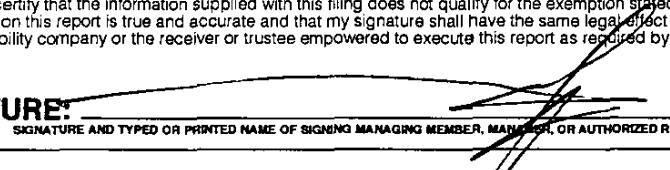


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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.		3. Mailing Address 13336 NORTH CENTRAL AVENUE			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 02-0673583	
Zip 33612		Country USA		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 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  DATE 4/21/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
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 KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D DAVID BEKHOR 13336 NORTH CENTRAL AVENUE TAMPA FL 33612	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D LAURA NANNI 603 WATERWOOD CT. LUTZ, FL 33548	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  DATE 4/21/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					