

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90016 042 ****50.00

DOCUMENT # L03000006514 1. Entity Name DP 001, LLC					
Principal Place of Business 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS, FL 33071			Mailing Address 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS, FL 33071		
2. Principal Place of Business		3. Mailing Address P.O. BOX 266366			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Weston, FL		4. FEI Number 02-0678163	
Zip		Zip 33326		Country US	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HUME, JOHN HUME & JOHNSON, P.A. 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing)					
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	MGRM FINOL, ANDRES A 1401 UNIVERSITY DRIVE #301 CORAL SPRINGS, FL 33071 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR. FINOL ANDRES A. 2853 Executive Park Dr. St.202 Weston, FL 33331 ☒ 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	
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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: <i>Andres Finol</i>			3/01/05		954-384-0587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #