

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019497

FILED  
Sep 01, 2005  
Secretary of State

**Entity Name:** DILKS PROPERTIES 1183 SUNBIRD, LLC

**Current Principal Place of Business:**

854 FAIRLAWN ST.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

854 FAIRLAWN ST.  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:** 20-0056541      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KEELEY, PETER L  
GRAND, FRIDKIN, PEARSON, ATHAN & CROWN PA  
5551 RIDGEWOOD DR., STE. 501  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

DILKS, DONALD D  
854 FAIRLAWN CT  
MARCO ISLAND, FL 34145 US

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.

SIGNATURE: DONALD DILKS

09/01/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DONALD, DILKS  
Address: 854 FAIRLAWN CT  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD DILKS

MGR

09/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date