

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:34

DOCUMENT # L03000024819

1. Entity Name  
DP REALTY, LLC



Principal Place of Business  
1401 UNIVERSITY DRIVE, SUITE 301  
CORAL SPRINGS, FL 33071

Mailing Address  
P.O. BOX 266366  
WESTON, FL 33331

2. Principal Place of Business  
6340 SUNSET DR  
Suite, Apt. #, etc.

3. Mailing Address  
6340 SUNSET DR  
Suite, Apt. #, etc.



04272005 Chg-LLC CR2E083 (10/03)

City & State  
MIAMI FL  
Zip 33143 Country USA

City & State  
MIAMI FL  
Zip 33143 Country USA

4. FEI Number  
73-1673379  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HUME, JOHN  
1401 UNIVERSITY DRIVE, SUITE 301  
HUME & JOHNSON, P.A.  
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent  
Name  
RONALD R. FIELDSTONE  
Street Address (P.O. Box Number is Not Acceptable)  
201 ALHAMBRA CIR. #601  
City C. GABLES FL Zip Code 33134

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 4/28/05  
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00  
Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FINOL, ANDRES A 2853 EXECUTIVE PARK DRIVE SUITE 202 WESTON, FL 33331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RONALD R. FIELDSTONE 201 ALHAMBRA CIR. #601 C. GABLES FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700056031527 06/10/05--01058--001 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 4/28/05 DAYTIME PHONE # 305 3571001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
RONALD R. FIELDSTONE  
MANAGER