## 2006 LIMITED LIABILITY COMPANY FILED **ANNUAL REPORT** Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L03000024819 1. Entity Name DP REALTY, LLC Principal Place of Business Mailing Address 6340 SUNSET DR. 6340 SUNSET DR. MIAMI, FL 33143 MIAMI, FL 33143 01162006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1673379 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIELDSTONE, RONADL R DO NOT WRITE 201 ALHAMBRA CIRCLE #601 CORAL SPRINGS, FL 33134 IN THIS SPACE 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, 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, 2006 9. MANAGING MEMBERS/MANAGERS U00000533535 05/06/06-80127-012 50.00 TITLE MGR FIELDSTONE, RONALD R STREET ADDRESS 201 ALHAMBRA CIR. #601 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

## DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information supplied with	this filing dose non	constitutor the event	tions contained in Chapt	tor 110 Hadda 9	lokasa 1 furbar as	wife, at an ation that are an artists
	ladicated as this sense is a sense of account.	rans amy does not	defaulty for the execut	mons comanied in Chap	iei 119, Florida a	iaidies. i idijiilei ce	ruly that the information
	indicated on this report is true and accurate and	inai my signajare s	ingii have the same le	egal effect as if made un	deroath; that i a	m a managing mer	mber or manager of the
	limited liability company or the receiver or trusted	s/empoweted/to eke	ecute this report as re	culred by Chanter 608.	Florida Statutes		
		1 1/1/1/17	7	devent of avideral cook			

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACT ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESEN

3/8/06

305357 1001

Davime Pho