
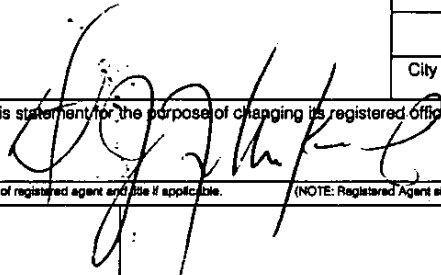


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90217 032 ****50.00

DOCUMENT # L03000032698 1. Entity Name DBM PROPERTIES, LLC					
Principal Place of Business 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909-6513			Mailing Address 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909-6513		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-0204893 267-86-5753	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JULLENKAMP, DENNIS J 2911 NE PINE ISLAND RD. CAPE CORAL, FL 33909			7. Name and Address of New Registered Agent Name FULLenkamp, Dennis J Street Address (P.O. Box Number is Not Acceptable) 2911 NE Pine Island Rd City Cape Coral FL Zip Code 33909		
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 2-9-07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FULLenkamp, DENNIS J 2911 NE PINE ISLAND RD. CAPE CORAL, FL 33909		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP					