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										02-14-2007			.00
Principal Plac	e of Busines	8		Mailing Address									
2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33 909-6513				2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909-6513					ı Helizii eli		P(1) FSIPS IIII	ı 11848 Silya (3181 13	7786 III 1281
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					02072007	Chg-LLC	CR2E	083 (12/06)	
City & State				City & State				4. FEI Numbe	1 1893 267-	86-5	7 C N	oplied For ot Applicable	
Zip	Country			Zip Count			try		5. Certificate	of Status Desired		\$5.00 Add Fee Require	ditional
	and Address of Cu	egistered Ager	Name 🛩			Address of New	Registered	J Agent					
JULLENKAMP, DENNIS J 2911 NE PINE ISLAND RD.							Street Address (P.O. Box Number is Not Acceptable)						
CAPE CORAL, FL 33909								311.	NE.F	ine Isla	nd		*
City								a pe	Cora	1	F	L Zip Cod	909
The above the obligat	named entitions of regist	y submits this stater tered agent.	henthort	he purpose of o	changing its	egistere	ed official or re	egistered	agent, or bot	h, in the State of F		n familiar with,	and accept
SIGNATURE .		or printed name of registers	fitte if applicable.	(NOTE:	Agent signature o	required wh	hen reinstating)	· · · · · · · · · · · · · · · · · · ·	2-	9-07			
Filing Fee is \$50.00 Due by May 1, 2007												payable to ment of State	B
9.	Luceu	MANAGING M	EMBERS	MANAGERS	1	10.				ADDITIONS	/CHANGE		
NAME STREET ADDRESS CITY-ST-ZIP	2911 NE I	(AMP, DENNIS J PINE ISLAND RD (RAL, FL 33909		Ц	Delete							☐ Change	☐ Addition
MILE					Delete	TITLE						☐ Change	Addition
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CITY-ST-ZIP							ST-ZIP						
11. I hereby of indicated limited lia	11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												