

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90088 024 ***138.75

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

60006503



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3443 Hancock Bridge Parkway
Suite 301
N. Fort Myers, FL 33903

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Suite 301
N. Fort Myers, FL 33903

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-7865753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FULLENKAMP, DENNIS J
2911 NE PINE ISLAND RD.
CAPE CORAL, FL 33909

7. Name and Address of New Registered Agent

Name
Fullenkamp, Dennis J.
3443 Hancock Bridge Parkway
Suite 301
N. Fort Myers, FL 33903
City FL Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME FULLENKAMP, DENNIS J ☐ Delete
STREET ADDRESS 2911 NE PINE ISLAND RD.
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE MGRM
NAME Fullenkamp, Dennis J. ☒ Change ☐ Addition
STREET ADDRESS 3443 Hancock Bridge Parkway
CITY-ST-ZIP Suite 301
N. Fort Myers, FL 33903

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

2-4-08 239-995-4884