

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037796

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** DENNICK PROPERTIES, L.L.C.

**Current Principal Place of Business:**

11339 COUNTRYWAY BLVD.  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

11339 COUNTRYWAY BLVD.  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 44-2108713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWERS, JENNIFER A  
100 SOUTH ASHLEY DRIVE  
SUITE 1300  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

KELESKE, JOSHUA  
4300 W. CYPRESS STREET  
SUITE 980  
TAMPA, FL 33607 US

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.

**SIGNATURE:** JOSHUA T. KELESKE, P.A.

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MONCUR, DENNIS S  
**Address:** 9239 BRINDLEWOOD DR.  
**City-St-Zip:** ODESSA, FL 33556

**Title:** MGR ( ) Delete  
**Name:** FILUTA, NICHOLAS P  
**Address:** 11339 COUNTRYWAY BLVD.  
**City-St-Zip:** TAMPA, FL 33626

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DENNIS MONCUR

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date