

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000039956

1. Entity Name  
DEAN PARK PROPERTIES LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:45

Principal Place of Business  
2240 W. FIRST STREET  
SUITE 100  
FORT MYERS, FL 33901 US

Mailing Address  
2240 W. FIRST STREET  
SUITE 100  
FORT MYERS, FL 33901 US

**DO NOT WRITE IN THIS SPACE**

02172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
57-1190204

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NEWTON, BRADFORD  
2760 RHODE ISLAND AVENUE  
FORT MYERS, FL 33916

**DO NOT WRITE  
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

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
NEWTON, BRADFORD  
2760 RHODE ISLAND AVENUE  
FORT MYERS, FL 33916

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

700069918097  
04/10/06--01015--015 \*\*350.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Bradford Newton*

Bradford Newton

3/10/06

239-337-7585

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

Date

Daytime Phone #