2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90224 042 ****50.00

DOCUMENT # L04000000196

1. Entity Name
DESOTO PROPERTIES, LLC

600011659

Principal Place of Business	Mailing Address
861 N. HERCULES AVE. P.O. BOX 4490 CLEARWATER, FL 33758-4490	861 N. HERCULES AVE. P.O. BOX 4490 CLEARWATER, FL 33758-4490

02242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DESOTO, PETER 861 N. HERCULES AVE. CLEARWATER, FL 33758-4490	Name Street Address (P.O. Box Number is Not Acceptable) 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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DESOTO, PETER P.O. BOX 4490/861 N HERCULESE AVENUE CLEARWATER, FL 337654490	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 4490/861 N Hercules Avenue	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESOTO CARLOS P.O. BOX 4490/861 N HERCULESE AVENUE CLEARWATER, FL 337654490	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DeSoto, Carole	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Peter DeSoto 2-25-06 727-421-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #