2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000004319

1. Entity Name
DL PROPERTIES, LLC



FILED Jan 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

57 ADALIA AVENUE TAMPA, FL 33606 57 ADALIA AVENUE TAMPA, FL 33606



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For NOT APPLICABLE Not Applicable

5. Certificate of Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

JENNEWEIN, JONATHAN P 101 EAST KENNEDY BOULEVARD, SUITE 3700 TAMPA, FL 33602

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	named entity submits this statement for the purpose of cha tions of registered agent.	anging its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE.		Alore or disease	Agent signature required when reinstating)	DATE	
	Signature, typed or printed name of registered agent and title if applicable.	(NO1E, Registered	With a marging reduced with severating)	DATE	
F. D	lling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				- 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHTER, ROBERT D 57 ADALIA AVENUE TAMPA, FL 33606	. · · · · · · · · · · · · · · · · · · ·	. "		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000584765	
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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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE