

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012443

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: DRAGONFLY PROPERTIES, LLC

**Current Principal Place of Business:**

2601 NORTH U.S. HIGHWAY ONE  
FT. PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6143  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 14-1903312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GUNNING, MELAINEY J  
2601 NORTH U.S. HIGHWAY ONE  
FT. PIERCE, FL 34946 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GUNING, MELAINEY J  
Address: P.O. BOX 6143  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: PISANO, MELODY G  
Address: P.O. BOX 6143  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: MYERS, CATHY L  
Address: P.O. BOX 6143  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

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

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 for the exemption stated in Section 119.07(3)(i), 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: MELAINEY J GUNNING

MGRM

01/10/2005

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