2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# L04000012443

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 ( )**

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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GUNNING, MELAINEY J
Address: P.O. BOX 6143
City-St-Zip: STUART, FL 34997

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 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: MELAINEY J GUNNING MGRM 01/30/2006

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