2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State....

ANNUAL REPORT				Secretary of Stat		
	MENT # L0400001	6514			Secretar	y of Stat
Entity Name DC PROPERTIES OF LAKE COUNTY, LLC						
Principal Plac	e of Business	Mailing Address				- •
2511 GRIFFI		2511 GRIFFIN AVENUE				
LADY LAKE,	LF 97109	LADY LAKE, FL 32159				
		•	- 			
DO NOT WRITE IN THIS SPA			CE	67022007 No Chg-LLC	CR2E083	(11/05)
				4. FEI Number 20-0844832		Applied For Not Applicable
				Certificate of Status Desir	red \$5	.00 Additional
	6. Name and Address of Curren	t Davistowal & rout	· · · · · · · · · · · · · · · · · · ·	3. Celimicate of Status Desir	Fee	Required
	o. Hame and Address of Carles	r radiorana what	-		-	
COLEMAN, DAVIS W 2511 GRIFFIN AVENUE LADY LAKE, FL 32159				DO NOT	WRITE	
				IN THIS	SPACE	
			ļ			
8. The above	named entity submits this statement fions of registered agent.	for the purpose of changing its register	ed office or register	ed agent, or both, in the State	of Florida. I am fami	liar with, and accept
_	or togicide agon.					
SIGNATURE.	Signature, typed or printed name of registered age	r and site if applicable (NOTE Register	ed Agent signature required	when reinsteling)	DATE	
Fil Due I	ling Fee is \$50.00 by September 14, 2007	· · · · · · · · · · · · · · · · · · ·	_2_ <u></u>			
9,	MANAGING MEMB	ERS/MANAGERS				
TITLE	MGRM					
NAME	COLEMAN, DAVIS W		l			
STREET ADDRESS CITY-ST-ZIP	2511 GRIFFIN AVENUE LADY LAKE, FL 32159				HADDAAAAA.	07
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NAME				2,171	2010 1 0000	77014 50.0
STREET ADDRESS						
TITLE						
NAME						
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CITY-ST-ZIP	· · ·	4 Table 1 1 1	1			
NAME				IN THIS !	SPACE	
STREET ADDRESS			1			
CITY-ST-ZIP			1			
TITLE NAME		.				* •
STREET ADDRESS			1			

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 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: DW Coleman

CITY-ST-ZIP
TIFLE
NAME
STREET ADDRESS
CITY-ST-ZIP

352-787-440

Daytime Phone