

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020811

FILED
Jul 05, 2006
Secretary of State

Entity Name: DONNYBROOK PROPERTIES, LLC

Current Principal Place of Business:

13300-56 SOUTH CLEVELAND AVENUE
STE 317
FORT MYERS, FL 33907

New Principal Place of Business:

13300-56 SOUTH CLEVELAND AVENUE
317
FORT MYERS, FL 33907

Current Mailing Address:

13300-56 SOUTH CLEVELAND AVENUE
STE 317
FORT MYERS, FL 33907

New Mailing Address:

13300-56 SOUTH CLEVELAND AVENUE
317
FORT MYERS, FL 33907

FEI Number: 20-0875428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGRATTAN, ROBERT J
13300-56 SOUTH CLEVELAND AVENUE
STE 317
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

MCGRATTAN, ROBERT J
13300-56 SOUTH CLEVELAND AVENUE
317
FORT MYERS, FL 33907 US

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:

07/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCGRATTAN, ROBERT J
Address: 13300-56 SOUTH CLEVELAND AVENUE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

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: ROBERT MCGRATTAN

MGR

07/05/2006

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