

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028322

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** D & M PROPERTIES OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

121 SW NORTH MEAD CIRCLE  
PORT ST. LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

121 SW NORTH MEAD CIRCLE  
PORT ST. LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FREESE, JAMES A  
2186 UNIVERSITY OF FLORIDA STREET  
STUART, FL 34997 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: MORRIS, BUCKLEY A  
Address: 121 SW NORTH MEAD CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: MGRM ( ) Delete  
Name: DALY, KEVIN J  
Address: 948 SW ABINGDON AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

**ADDITIONS/CHANGES:**

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: BUCKLEY MORRIS

MR

04/28/2006

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