

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:42

DOCUMENT # L04000030047

1. Entity Name  
DEAN PROPERTIES, L.L.C.



Principal Place of Business  
1005 KENTUCKY AVENUE  
FORT PIERCE, FL 34960

Mailing Address  
1005 KENTUCKY AVENUE  
FORT PIERCE, FL 34960

**DO NOT WRITE IN THIS SPACE**

04032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1644263

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DEAN, GINA  
1005 KENTUCKY AVENUE  
FORT PIERCE, FL 34960

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME DEAN, GINA  
STREET ADDRESS 1005 KENTUCKY AVENUE  
CITY-ST-ZIP FORT PIERCE, FL 34960

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500074221605  
05/09/06--01009--003 \*\*300.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

4-12-2006

(772) 595-1888