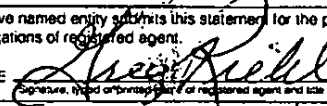
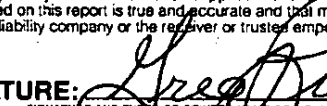


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90061 030 ****50.00

DOCUMENT # L04000030831			
1. Entity Name DAD PROPERTIES, LLC			
Principal Place of Business 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543		Mailing Address 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent GORDON, BRUCE H ESQ 101 E. KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Riehle, Gregory R. Street Address (P.O. Box Number is Not Acceptable) 5700 Saddlebrook Way City Wesley Chapel, FL Zip Code 33543	
6. 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 		DATE April 22, 2005	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEMPSEY, THOMAS L 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RIEHLE, GREGORY R. MGR ☐ Change ☒ Addition 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RIEHLE, DIANE MGR ☐ Change ☒ Addition 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEMPSEY, MAUREEN MGR ☐ Change ☒ Addition 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 4/22/2005 (813) 907-44181	
SIGNATURE AND TYPE OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30007139



04222005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1056156** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required