

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036510

FILED  
May 01, 2007  
Secretary of State

Entity Name: DEE L DEE PROPERTIES LLC

**Current Principal Place of Business:**

5240 S.W. 202ND AVENUE  
FORT LAUDERDALE, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

5240 S.W. 202ND AVENUE  
FORT LAUDERDALE, FL 33332

**New Mailing Address:**

FEI Number: 20-2745271      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:**

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

DUKE, DIANNE L  
5240 S.W. 202ND AVENUE  
FORT LAUDERDALE, FL 33332      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DUKE, DIANNE L  
Address: 5240 S.W. 202ND AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: MGR      ( ) Delete  
Name: DUKE, GERALD W JR  
Address: 5240 SW 202 AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33332

**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 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: GERALD W DUKE JR

MGR

05/01/2007

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