


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-31-2005 90128 014 ****50.00

DOCUMENT # L04000046744

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



Principal Place of Business Mailing Address
4680 NE SANDPEBBLE TRACE, UNIT 205 **4680 NE SANDPEBBLE TRACE, UNIT 205**
STUART FL 34996 **STUART FL 34996**

30003000



2. Principal Place of Business 3. Mailing Address
4680 Sandpebble Tr. *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
205 _____

1st MOORE- --CR2E083-(10/04)

City & State City & State
Stuart Fla _____
 Zip Country Zip Country
34996 *USA* _____ _____

4. FEI Number Applied For
058-40-5748 Not Applicable

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

6. Name and Address of Current Registered Agent
NORMAN, KENNETH A
2400 SE FEDERAL HWY, FOURTH FLOOR
STUART FL 34994

7. Name and Address of New Registered Agent
 Name *Matthias D. van Stolk*
 Street Address (P.O. Box Number is Not Acceptable) *4680 NE Sandpebble Tr*
Jensen Beach Fla.
 City *Jensen Beach* FL Zip Code *34957*

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 *Matthias D. van Stolk* DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN STOLK, DAVID 4680 NE SANDPEBBLE TRACE, UNIT 205 STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 *Matthias D. van Stolk* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE