## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # L04000072241					04-04-2005 90418 029 ****50.00			00
1. Entity Name D & P PROPERTIES, LLC								
Principal Place of Business Mailing Address				<u> </u>	20026122			
208 N. PARROTT AVENUE 208 N. PAR			ARROTT AVENUE			MUUNUI	• ~	
OKEECHOBE	E, FL 34972	OKEECHOBEE, FL 349	172					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02492005 01 11			
				03182005 Chg-LL	.C CH2E	083 (10/03)	·	
City & State		City & State		4: FEI Number _ 2'	798653	Ap	plied For Applicable	
Zip Country		Zip Country		try			\$5.00 Add	
•		<u></u>		_ <u></u>	5. Certificate of Status De		Fee Required	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address o	f New Registered	Agent	
WILLIAMS, DAVID H								
208 N. PARROTT AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
OKEECHO	DBEE, FL 34972							
:				City	<u></u>	FL	Zip Code	
. 7	1 10 1 10 110 110 110	(		d = 00 = = = = = -1-1-			• <u>                                     </u>	
	named entity submits this statement ions of registered agent.	tor the purpose or changing its	registere	ed office of registe	red agent, or both, in the Sta	ne oi Fionda, Tam	iamiliar wibi,	and accept
SIGNATURE .				*	• • <u></u>			
,	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)	DATE	788,219,47,80	iin in the second se
· . Fi	ling Fee is \$50.00	<b>□</b> 1 4	• •	.,		Make check	avable to	V
3 De	ling Fee is \$50.00 ue by May 1, 2005		1	<del></del>		Florida Departir	ent of State	
9.	MANAGING MEME	BERS/MANAGERS	10.			ITIONS/CHANGES	<u>:::::::::::::::::::::::::::::::::::::</u>	R 25.4
TITLE	MGRM	☐ Delete	TITU		700	money of Parage	Change	☐ Addition
NAME	WILLIAMS, DAVID H	•	NAM	Ε		•		_
STREET ADDRESS				ET ADDRESS -ST-ZIP				
CITY-ST-ZIP	OKEECHOBEE, FL 34972 MGRM	□ Delete	TITU	<del></del>			☐ Change	Addition
NAME	WILLIAMS, PAMELA S	C Delete	NAM				- Criange	
-STREET ADDRESS	.208 N. PARROTT AVE.			ET ADDRESS .				
CITY-ST-ZIP	OKEECHOBEE, FL 34972			-ST-ZIP				
, TITLE NAME		☐ Delete	TITL				☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE	l l			☐ Change	☐ Addition
INAME STREET ADDRESS	ss			ET ADORESS _		January 11 ma		
CITY-ST-ZIP		•		-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	î î		
TITLE		☐ Delete	IIIL	E	,		Change	Addition
NAME		1	NAM	E .	· ·			
STREET ADDRESS CITY+ST-ZIP				EET ADDRESS				
TITLE	•	☐ Delete	TITL				☐ Change	Addition
NAME			NAM	TE .				_
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP				
	certify that the information supplied w	ith this filing does not qualify to		l	action 119 07(3Vi) Florida 9	Statutes   further on	rtify that the is	formation
indicated	I on this report is true and accurate ar	nd that my signature shall have	the sam	e legal effect as if	made under oath; that I am	a managing memb	er or manage	r 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 THE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE