

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90045 034 ****50.00

DOCUMENT # L04000074451

1. Entity Name
DOORMAT PROPERTIES LLC



Principal Place of Business
**4521 BOHEMIA DRIVE
 PENSACOLA, FL 32504**

Mailing Address
**4521 BOHEMIA DRIVE
 PENSACOLA, FL 32504**

2. Principal Place of Business
1360 E. Maxwell St.

3. Mailing Address
1360 E. Maxwell St.

Suite, Apt. #, etc.



04032006 Chg-LLC CR2E083 (11/05)

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip
32503

Country
US

Zip
32503

Country
US

4. FEI Number
57-1213329

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LERMAN, MARTIN I
 4521 BOHEMIA DRIVE
 PENSACOLA, FL 32504**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1360 E. Maxwell St.

City **Pensacola** FL Zip Code **32503**

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

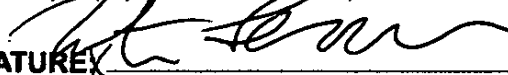
**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LERMAN, DAVID S 11845 ISLAND LAKES LANE BOCA RATON, FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LERMAN, MARILYN 11845 ISLAND LAKES LANE BOCA RATON, FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LERMAN, MARTIN I 4521 BOHEMIA DRIVE PENSACOLA, FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LERMAN, PAMELA G 4521 BOHEMIA DRIVE PENSACOLA, FL 32504 <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1360 E. Maxwell St. Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1360 E. Maxwell St. Pensacola, FL 32503
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 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  **Martin I. Lerman** **4-3-06** **(850) 380-1840**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #