

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091632

Entity Name: D3 PROPERTIES, LLC

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

16119 WILSON MANOR DR.
CHESTERFIELD, MO 63017 US

New Principal Place of Business:

Current Mailing Address:

16119 WILSON MANOR DR.
CHESTERFIELD, MO 63017 US

New Mailing Address:

FEI Number: 20-2039445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKATOFF, JEFFREY H
1011 NW 4TH AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: BROUGHTON, DAVID L
Address: 16119 WILSON MANOR DRIVE
City-St-Zip: CHESTERFIELD, MO 63017 US

Title: MGR () Delete
Name: CISSELL, DAVID L
Address: 2 UPPER CONWAY LANE
City-St-Zip: CHESTERFIELD, MO 63017 US

Title: MGR () Delete
Name: DUNCAN, DAVID N
Address: 15815 CEDERMILL DRIVE
City-St-Zip: CHESTERFIELD, MO 63017 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROUGHTON, DAVID L
Address: 16119 WILSON MANOR DR
City-St-Zip: CHESTERFIELD, MO 63005 US

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 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 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: DAVID L. BROUGHTON

MGR

03/14/2005

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