2007 LIMITED LIABILITY COMPANY

FILED Mar 27, 2007 8:00 am Secretary of State

	ANNUAL	KEPUKI					•		
DOCUMENT # L04000091717 1. Entity Name DAKER FAMILY PROPERTIES, L.L.C.						60023		036 ****50.	.00
Principal Place of Business 1115 DELAWARE AVENUE FT. PIERCE, FL 34950		Mailing Address 1115 DELAWARE AVENUE FT. PIERCE, FL 34950			l amananti	Bul 8814 P(BH BENI SEN		r arbu kanal 17 9 11 1 86 1	8
2. Principal Place of Business - No P.O. Box # 2/12 5 US 1		3. Mailing Address							
Suite, Apt. #, etc. Suite 201		Suite Apt. #, etc. Suite 201			03052007		CR2	E083 (12/06)	plied For
City & State Ft Pierce		City & State F + Pix rce			4. FEI Num 20-16	^{вег} 30420			t Applicable
349	Country		Country U S		5. Certifica	te of Status Desire	ed 🗆	\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent	Name		7. Name ar	nd Address of Ne	w Registere	d Agent	
DAKER, GAIL 1115 DELAWARE AVENUE FT. PIERCE, FL 34950		addres	<u> </u>	Street Address (P.O. Box Number is Not Acceptable)					
FI. PIERC	E, FL 34950	change	211	a S	us 1	, Ste .	20/		
			CH+	Pie	erce		F	L Zp Code	٥5
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 .	Spinature, typed or printed name of registered agent	and title if anninatity (NOTE: Re	egistered Agent signa	h ve teni ivec	when (einstatum)		DATE		
Fi D:	ling Fee is \$50.00 ue by May 1, 2007		· · · · · ·	· · ·				payable to	
9.	MANAGING MEMBE		10.	1		ADDITIO	NS/CHANG	ES Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAKER, GAIL 1115 DELAWARE AVENUE FORT PIERCE, FL 34950	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	211 F+	2 s u Piero	15 1 , S+ e, FL 3	e 201	Change	L Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			☐ Change	Addition
TITLE NAME STREET ADDRESS GTY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		0	ID Elorida Statuta	I further -	Change	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.

AND TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, MANACER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

Daytime Phone #