

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90027 001 ****50.00



DOCUMENT # L0500000012

1. Entity Name

DOSTIE PROPERTIES, LLC

Principal Place of Business

CHRISTOPHER C. DOSTIE
 9310 OLD KINGS ROAD, SOUTH, SUITE 180
 JACKSONVILLE FL 32257

Mailing Address

CHRISTOPHER C. DOSTIE
 9310 OLD KINGS ROAD, SOUTH, SUITE 180
 JACKSONVILLE FL 32257



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1803

Suite, Apt. #, etc.

1803

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOSTIE, CHRISTOPHER C
 CHRISTOPHER C. DOSTIE
 9310 OLD KINGS ROAD, SOUTH, SUITE 1803
 JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME DOSTIE, CHRISTOPHER C
 STREET ADDRESS 9310 OLD KINGS ROAD, SOUTH, SUITE 1803
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME MGR
 STREET ADDRESS RICHARD R. DOSTIE
 CITY-ST-ZIP 9310 OLD KINGS RD. S. #1803
 JACKSONVILLE, FL 32257

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

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

Christopher C. Dostie

3/28/05

(904) 739-9121

Date

Daytime Phone #