

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000012

Entity Name: DOSTIE PROPERTIES, LLC

FILED
Mar 15, 2007
Secretary of State

Current Principal Place of Business:

9310 OLD KINGS RD S # 1902
JACKSONVILLE, FL 32257

New Principal Place of Business:

9310 OLD KINGS RD S # 1803
JACKSONVILLE, FL 32257

Current Mailing Address:

9310 OLD KINGS RD S # 1902
JACKSONVILLE, FL 32257

New Mailing Address:

9310 OLD KINGS RD S # 1803
JACKSONVILLE, FL 32257

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOSTIE, RICHARD R
9310 OLD KINGS RD S # 1902
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

DOSTIE, CHRISTOPHER C
9310 OLD KINGS RD S # 1803
JACKSONVILLE, FL 32257 US

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: CHRISTOPHER C DOSTIE

03/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOSTIE, CHRISTOPHER C
Address: 9310 OLD KINGS RD S #1803
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: DOSTIE, RICHARD R
Address: 9310 OLD KINGS RD S # 1902
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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 Chapter 119, 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: CHRISTOPHER C DOSTIE

MGR

03/15/2007

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