2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000015090

Entity Name: DAKOTA PROPERTIES, L.L.C.

Current Principal Place of Business:

482 WASHINGTON ROAD
GROSSE POINTE, MI 48230

New Principal Place of Business:

9111 HIGHLAND RIDGE WAY
TAMPA, FL 33647

Current Mailing Address:

482 WASHINGTON ROAD
GROSSE POINTE, MI 48230

New Mailing Address:

9111 HIGHLAND RIDGE WAY
TAMPA, FL 33647

FEI Number: 20-3340606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, STUART D ESQ.
5300 ALLEN K. BREED HWY.
LAKELAND, FL 33811 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/MANAGERS:

Title: MGRM ( ) Delete
Name: HEALD, GREGORY
Address: 482 WASHINGTON ROAD
City-St-Zip: GROSSE POINTE, MI 48230

Title: MGRM ( ) Delete
Name: BOYD, STUART D
Address: 5300 ALLEN K. BREED HWY.
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HEALD, GREGORY D
Address: 482 WASHINGTON ROAD
City-St-Zip: GROSSE POINTE, MI 48230

Title: MGRM (X) Change ( ) Addition
Name: BOYD, STUART D
Address: 9111 HIGHLAND RIDGE WAY
City-St-Zip: TAMPA, FL 33647

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: GREGORY D. HEALD MGRM 04/30/2006

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