

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
Jun 29, 2006 8:00 am
Secretary of State

04-24-2006 90068 049 ****50.00

DOCUMENT # L05000018784 1. Entity Name D.P. PROPERTIES, LLC					
Principal Place of Business 703 MULBERRY AVENUE PANAMA CITY, FL 32401			Mailing Address 703 MULBERRY AVENUE PANAMA CITY, FL 32401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PIERCY, DAVID I 703 MULBERRY AVENUE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent 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 state if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILING Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER MANAGING MEMBER DAVID PIERCY 703 MULBERRY AVE. PANAMA CITY, FL 32401		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	☐ 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	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 606, Florida Statutes.					
SIGNATURE: <u>David Percy, President</u> 3-1-06 850-762-XXXX SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30011379



03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number **204957814** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

ATTACHMENT
FRENCH & FRENCH, P.A.

Wallace C. French, CPA
W. Gregory French, CPA

CERTIFIED PUBLIC ACCOUNTANTS

105 Peachtree Drive
Lynn Haven, Florida 32444
Voice: (850) 271-3272
Fax: (850) 265-1255

June 27, 2006

30011379

#60500018784

Florida Department of State
P O Box 6478
Tallahassee, FL 32314

Ref: DP Properties, LLC

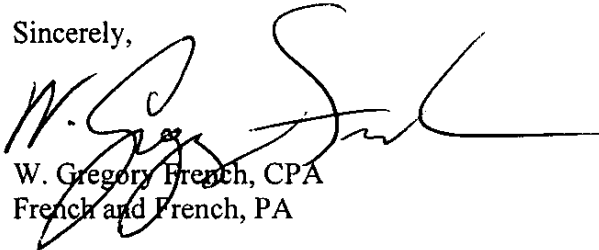
Dear Sir or Madam:

Enclosed is your letter requesting additional information on the listed entity.

We have notated the correct title of "managing member" for David Piercy.

Please advise if you need anything further.

Sincerely,



W. Gregory French, CPA
French and French, PA

Enclosures

CC: David Piercy