

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020012

Entity Name: DTD PROPERTIES, LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

5370 JAEGER RD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5370 JAEGER RD
NAPLES, FL 34109

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE, STE 300
NAPLES, FL 34109 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DONALD JACOBS,
Address: 2355 ALEXANDER PALM DR
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: TODD JACOBS,
Address: 2839 COACH HOUSE WAY
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: DENAE DOLDE,
Address: 2843 COACH HOUSE WAY
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TODD JACOBS,
Address: 2620 66TH STREET SW
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DENAE DOLDE

MGRM

05/02/2007

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