2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000034393

1. Entity Name D.M. PROPERTIES, LLC



FILED Apr 23, 2007 08:00 All Secretary of State

Principal Place of Business

4581 GRASSY POINT BOULEVARD PORT CHARLOTTE, FL 33952 Mailing Address

C/O DALE ANDREW GREENBERG 4581 GRASSY POINT BOULEVARD PORT CHARLOTTE, FL 33952



DO NOT WRITE IN THIS SPACE

04092007 No Chg-LLC

4. FEI Number

CR2E083 (11/05)

Fee Required

| 4. FEI Number | | | Applied For |
|----------------------------|-------|---|----------------|
| 20-3020550 | | | Not Applicable |
| 5 October of Other Desired | \$5.0 | 0 | Additional |

6. Name and Address of Current Registered Agent

CARR, DAROL H ESQ FARR, FARR, EMERICH, HACKETT AND CARR, P.A 99 NESBIT STREET PUNTA GORDA, FL 33950 DO NOT WRITE IN THIS SPACE

garatetitiko jalikura galayetek iran tik

| | 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 fan the obligations of registered agent. | niliar with, ar | nd accept |
|-----|--|-----------------|-----------|
| Sif | GNATURE | | |

9.

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

MANAGING MEMBERS/MANAGERS

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

| | 77 T T T T T T T T T T T T T T T T T T |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GREENBERG, DALE A 4581 GRASSY POINT BLVD PORT CHARLOTTE, FL 33952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CHY-SI-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 11. I hereby | certify that the information supplied with this filling does not qualify for the ex- |

05/03/07-80001-019 50.0

DO NOT WRITE IN THIS SPACE

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 fuster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/9/07 94-629-6262