## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000044445

Entity Name: DR PROPERTIES LLC

KENDALL PARK, NJ 08824 US

City-St-Zip:

FILED Jan 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 675 N. ENDEAVOUR DR. WINTER SPRINGS, FL 32708 US **Current Mailing Address: New Mailing Address:** 675 N. ENDEAVOUR DR WINTER SPRINGS, FL 32708 US FEI Number: 38-3721727 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAMON, JAMES 675 N. ÉNDEAVOUR DR. WINTER SPRINGS, FL 32708 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete JAMES DAMON MGRM. Name: Name: 675 N. ENDEAVOUR DR Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: MR () Delete Title: () Change () Addition Name: SHAWN ROTH MGRM, Name: Address: 635 ERROL PARKWAY Address: City-St-Zip: APOPKA, FL 32712 US City-St-Zip: Title: MRS () Delete Title: () Change () Addition DAMON, LAURA K Name: Name: 675 N. ENDEAVOUR DR Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: MRS ( ) Delete Title: () Change () Addition Name: ROTH, DEBORAH Name: Address: 635 ERROL PARKWAY Address: City-St-Zip: APOPKA, FL 32712 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition HERNANDEZ, ROGELIO Name: Name: 7853 HYACINTH DR Address: Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: Title: () Delete Title: () Change () Addition KLINGER, SANDI Name: Name: Address: 21 STANFORD DR Address:

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.

City-St-Zip:

SIGNATURE: JAMES DAMON MR 01/05/2007