

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044445

Entity Name: DR PROPERTIES LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

675 N. ENDEAVOUR DR.
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

675 N. ENDEAVOUR DR.
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 38-3721727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAMON, JAMES
675 N. ENDEAVOUR DR.
WINTER SPRINGS, FL 32708 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: MR () Delete
Name: JAMES DAMON MGRM,
Address: 675 N. ENDEAVOUR DR
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MR () Delete
Name: SHAWN ROTH MGRM,
Address: 635 ERROL PARKWAY
City-St-Zip: APOPKA, FL 32712 US

Title: MRS () Delete
Name: DAMON, LAURA K
Address: 675 N. ENDEAVOUR DR
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MRS () Delete
Name: ROTH, DEBORAH
Address: 635 ERROL PARKWAY
City-St-Zip: APOPKA, FL 32712 US

Title: MR () Delete
Name: HERNANDEZ, ROGELIO
Address: 7853 HYACINTH DR
City-St-Zip: ORLANDO, FL 32835 US

Title: MRS (X) Delete
Name: KLINGER, SANDI
Address: 21 STANFORD DR
City-St-Zip: KENDALL PARK, NJ 08824 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAMON, JAMES
Address: 675 N. ENDEAVOUR DR
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM (X) Change () Addition
Name: ROTH, SHAWN
Address: 635 ERROL PARKWAY
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM (X) Change () Addition
Name: HILL, SEAN
Address: 935 SUNNY DELL DRIVE
City-St-Zip: ORLANDO, FL 32818 US

Title: MGRM (X) Change () Addition
Name: MARINELLI, ERIC
Address: 935 SUNNY DELL DRIVE
City-St-Zip: ORLANDO, FL 32818 US

Title: MGRM (X) Change () Addition
Name: HUGHES, MARK
Address: 593 BROOK CIRCLE DRIVE
City-St-Zip: SOUTH DAYTONA, FL 32119 US

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: JAMES DAMON

MGRM

01/17/2008

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