


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90044 025 \*\*\*\*50.00

**DOCUMENT # L05000045231**

1. Entity Name  
**DOT PROPERTIES, L.L.C.**



Principal Place of Business  
**940 HIGHWAY 98 E  
 #102  
 DESTIN, FL 32541 US**

Mailing Address  
**7126 LULLWATER ROAD  
 COLUMBUS, GA 31904 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



07182006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**KEEBLE, DOROTHY  
 940 HIGHWAY 98 E  
 #102  
 DESTIN, FL 32541**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reassigning)

**Filing Fee is \$50.00  
 Due by September 6, 2006**

**Make check payable to  
 Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KEEBLE, DOROTHY<br>940 HIGHWAY 98 E, #102<br>DESTIN, FL 32541 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS/CHANGES                          |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Keeble Dorothy<br>7126 Lullwater Rd<br>Col., Ga 31904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Michael Garcia<br>7126 Lullwater Rd<br>Col., Georgia 31904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Victor R. Garcia<br>789 Kolven Cove<br>Col., Ga 31904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Carlos Garcia<br>1000 Peachtree St<br>Col., Ga 31904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Kristina Medley<br>1529 Millington Rd<br>Col., Ga 31904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: *Dorothy Keeble* 8/14/2006 706-596-1714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #