


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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



01092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5322057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEEBLE, DOROTHY 7126 LULLWATER RD COLUMBUS, GA 31904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, MICHAEL 7126 LULLWATER RD COLUMBUS, GA 31904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, VICTOR R 7839 KOLVEN COVE COLUMBUS, GA 31904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, CARLOS 1000 PEACHTREE ST COLUMBUS, GA 31904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDLEY, KRISTINA 1529 MILLINGTON RD COLUMBUS, GA 31904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000583084
 01/11/07-80058-003 50.00

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

SIGNATURE: *Dorothy Keeble* **1-9-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #