

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 ☐

\$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

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

(NOTE: Registered Agent signature required when reissuing)

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

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

Date

Daytime Phone #