


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90050 032 ****50.00

DOCUMENT # L05000045695					
1. Entity Name DOGWOOD PROPERTIES LLC					
Principal Place of Business 855 SEVENTH STREET SOUTH NAPLES, FL 34102			Mailing Address 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box # 700 Eleventh Street S.		3. Mailing Address 4710 15th Ave SW			
Suite, Apt. #, etc. PH2		Suite, Apt. #, etc.		01122007 Chg-LLC CR2E083 (12/06)	
City & State Naples FL		City & State Naples FL		4. FEI Number 43-2081376	
Zip 34102		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283			7. Name and Address of New Registered Agent Candace B. Morrison Street Address (P.O. Box Number is Not Acceptable) 4710 15th Avenue S.W. City Naples FL 34116		
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 CB Morrison <small>Signature typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1-15-07	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FICUS GROUP LLC 855 SEVENTH STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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 806, Florida Statutes.					
SIGNATURE: CB Morrison <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 1-15-07 239-289-6809 <small>Date Daytime Phone #</small>	

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