

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90034 025 \*\*\*\*50.00

20029426



DOCUMENT # L05000050479					
1. Entity Name DCD INVESTMENT PROPERTIES, L.L.C.					
Principal Place of Business 967 CALLE ESCADA SANTA ROSA BEACH, FL 32459		Mailing Address 967 CALLE ESCADA SANTA ROSA BEACH, FL 32459			
2. Principal Place of Business 307 CALLE ESCADA Suite, Apt. #, etc.		3. Mailing Address 307 CALLE ESCADA Suite, Apt. #, etc.			
City & State SANTA ROSA BEACH, FLORIDA		City & State SANTA ROSA BEACH, FLORIDA		4. FEI Number 56-2526034	
Zip 32459		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITEHEAD, R. SCOTT ESQ. SUITE 209, THE PLAZA 4507 FURLING LANE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE E. BEDFORD		NAME		
STREET ADDRESS	307 CALLE ESCADA		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL. 32459		CITY-ST-ZIP		
TITLE	SPOUSE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD J. BEDFORD		NAME		
STREET ADDRESS	307 CALLE ESCADA		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL. 32459		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 			Date 4-11-2006 850-585-1751		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		