


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90029 001 \*\*\*\*50.00

<b>DOCUMENT # L05000064158</b> 1. Entity Name <b>DUAL PROPERTIES LLC</b>					
Principal Place of Business <b>11187 SANDPOINT TERRACE BOCA RATON, FL 33428</b>			Mailing Address <b>11187 SANDPOINT TERRACE BOCA RATON, FL 33428</b>		
2. Principal Place of Business <b>2160 ANNTOM DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>11187 SANDPOINT TERR</b> Suite, Apt. #, etc.			
City & State <b>DANIA BEACH, FL</b> Zip <b>33312</b>		City & State <b>BOCA RATON, FL</b> Zip <b>33428</b>		4. FEI Number <b>20-3066299</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUGGAN, STEPHEN C VPRES 11187 SANDPOINT TERRACE BOCA RATON, FL 33428</b>			7. Name and Address of New Registered Agent Name <b>STEPHEN C. DUGGAN VPRES</b> Street Address (P.O. Box Number is Not Acceptable) <b>11187 SANDPOINT TERRACE</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33428</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRES DUGGAN, STEPHEN C VPRES 11187 SANDPOINT TERRACE BOCA RATON, FL 33428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DUGGAN, DEBRA A PRES 11187 SANDPOINT TERRACE BOCA RATON, FL 33428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u>Debra A. Duggan</u>      1-18-2006      561-482-0520</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					