


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000064158</b> 1. Entity Name <b>DUAL PROPERTIES LLC</b>	
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Principal Place of Business <b>2160 ANNTOM DR FORT LAUDERDALE, FL 33312</b>	Mailing Address <b>11187 SANDPOINT TERRACE BOCA RATON, FL 33428</b>
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**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-3066299</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DUGGAN, STEPHEN C VPRES  
11187 SANDPOINT TERRACE  
BOCA RATON, FL 33428**

**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 reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE DUGGAN, STEPHEN C VPRES 11187 SANDPOINT TERRACE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DUGGAN, DEBRA A PRES 11187 SANDPOINT TERRACE BOCA RATON, FL 33428
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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:** Debra A. Duggan 4-4-08 954-967-0096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #