


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90091 004 \*\*\*138.75

<b>DOCUMENT # L05000074244</b> 1. Entity Name <b>D.V.D. PROPERTIES, LLC</b>			
Principal Place of Business <b>3800 LAKE CENTER LOOP, STE. B-1 MOUNT DORA FL 32757</b>		Mailing Address <b>P O BOX 1281 TAVARES FL 32778</b>	
2. Principal Place of Business - No P.O. Box # <b>31122 Industry Dr</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>TAVARES, FL</b>		City & State	
Zip <b>32778</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent  <b>WROBEL, VICTOR V 510 B EAST ALFRED STREET TAVARES FL 32778</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 the applicable (NOTE: Registered Agent signature required when registering)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</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	MGR CARBAUGH, DARYL L 3800 LAKE CENTER LOOP, STE. B-1 MOUNT DORA FL 32757	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPERRY, E DANIEL JR P O BOX 1281 TAVARES FL 32778	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
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** E. Daniel Sperry Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/1/08 353-343-5526