

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90044 017 ****55.00

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|--|---|---------------------------------|---|--|---|
| DOCUMENT # L05000078716 1. Entity Name DMRJ PROPERTIES, LLC | | | | | |
| Principal Place of Business 3109 NORTH T STREET PENSACOLA FL 32505 1603 HUNTERS CREEK DR CANTONMENT, FL 32533 | | | Mailing Address 3109 NORTH T STREET PENSACOLA FL 32505 1603 HUNTERS CREEK DR CANTONMENT, FL 32533 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State CANTONMENT, FL | | | 4. FEI Number 08302006 Chg-LLC CR2E083 (11/05) | | |
| Zip Country 32533 FL | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent WRIGHT, MARTIN L 1603 HUNTERS CREEK DRIVE CANTONMENT, FL 32533 | | | 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 <u><i>Martin L Wright</i></u> DATE <u>8-31-06</u> <small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | Make check payable to: Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WRIGHT, MARTIN L 1603 HUNTERS CREEK DRIVE CANTONMENT, FL 32533 | <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 | MGR WRIGHT, DIANA L 1603 HUNTERS CREEK DRIVE CANTONMENT, FL 32533 | <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 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: <u><i>Martin L Wright</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <u>8-31-06</u> Daytime Phone # <u>850 554-8079</u> | | |