

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000083270

1. Entity Name
DUNE WALK PROPERTY ENTERPRISES LLC



Principal Place of Business
**PO BOX 6025
JENSEN BCH, FL 34957**

Mailing Address
**PO BOX 6025
JENSEN BCH, FL 34957**



08022007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0331123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, DAVID
1711 WHITEHALL DR. #105
DAVIE, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

U000000773608
09/07/07-80006-009 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CASTELLANOS, RAFAEL
P.O. BOX 6025
HUTCHINSON ISLAND, FL 34957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CASTELLANOS, LEANNE
P.O. BOX 6025
HUTCHINSON ISLAND, FL 34957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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: Leanne Castellanos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/27/07 9549806850

Date

Daytime Phone #