## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **DOCUMENT # L05000083667** 1. Entity Name D W S PROPERTIES L L C



**FILED** Mar 10, 2008 08:00 AN **Secretary of State** 

Principal Place of Business 1988 CRESTVIEW WAY NAPLES, FL 34119 US Mailing Address P.O.BOX 110546 NAPLES, FL 34108



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

SEGUI, DON W 1988 CRESTVIEW WAY NAPLES, FL 34119

CITY-ST-ZIP

## 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                                      |
| FILE<br>After May                                                                                                                                                                                                             | ! NOW!!! FEE IS \$138.75<br>/ 1, 2008 Fee will be \$538.75                    | :                                                            |                                           |
| 9.                                                                                                                                                                                                                            | MANAGING MEMBERS/MANAGERS                                                     |                                                              |                                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         | MGR<br>SEGUI, DON W<br>P.O.BOX 110546<br>NAPLES, FL 34108                     |                                                              |                                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                                               |                                                              | U00000851496<br>03/25/08-80041-023 138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         | -                                                                             | DO                                                           | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                                               | IN T                                                         | HIS SPACE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                                               |                                                              |                                           |
| TITLE NAME STREET ADDRESS                                                                                                                                                                                                     |                                                                               |                                                              |                                           |

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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGE MEER OR AUTHORIZED REPRESENTATIVE

3-10-08