

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084425

FILED
Apr 03, 2007
Secretary of State

Entity Name: D & E PROPERTY SOLUTIONS, L.L.C.

Current Principal Place of Business:

5609 FAIRVIEW DRIVE
PENSACOLA, FL 32505

New Principal Place of Business:

5017 PERKINS ST
PENSACOLA, FL 32526

Current Mailing Address:

5609 FAIRVIEW DRIVE
PENSACOLA, FL 32505

New Mailing Address:

5017 PERKINS ST
PENSACOLA, FL 32526

FEI Number: 74-3151425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFEIFER, D.
5609 FAIRVIEW DRIVE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

PFEIFER, D.
5017 PERKINS ST
PENSACOLA, FL 32526 US

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.

SIGNATURE: D.PFEIFER, MANAGING MEMBER

04/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PFEIFER, D.
Address: 5609 FAIRVIEW DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: MGR () Delete
Name: ESCOBAR, E.
Address: 5609 FAIRVIEW DRIVE
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PFEIFER, D.
Address: 5017 PERKINS ST
City-St-Zip: PENSACOLA, FL 32526

Title: MGR (X) Change () Addition
Name: ESCOBAR, E.
Address: 5017 PERKINS ST
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D PFEIFER, MANAGING MEMBER

MGR

04/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date