


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90073 022 ***143.75

DOCUMENT # L05000099892					
1. Entity Name DAKA PROPERTIES, LLC					
Principal Place of Business 4457 BAYOU BLVD PENSACOLA, FL 32503			Mailing Address 4457 BAYOU BLVD PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box # 801 E. Cervantes St.		3. Mailing Address 801 E. Cervantes St.			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B			
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 76-0803958	
Zip 32501		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		02072008 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent SAPP, DAVID A 801 E CERVANTES STREET STE B PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Sapp, David.A Street Address (P.O. Box Number is Not Acceptable) 801 E. Cervantes St. Suite B City Pensacola FL Zip Code 32501		
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: <i>[Signature]</i> MANAGING MEMBER 2/6/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAPP, DAVID A 1967 MEANDER CIRCLE CANTONMENT, FL 32533	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sapp, David A 801 E. Cervantes St., Suite B Pensacola, FL 32501	<input checked="" 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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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
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: <i>[Signature]</i> MANAGING MEMBER 2/6/08 (850) 475-0500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					