2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L05000100361

Entity Name: DAWA PROPERTIES, LLC

Current Principal Place of Business:

290 HWY 17, NORTH
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

290 HWY 17, NORTH
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 20-3636834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUTNAM, ABEL A
500 S. FLORIDA AVENUE
SUITE 300
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AGNER, DANIEL P
Address: 290 HWY 17, NORTH
City-St-Zip: BARTOW, FL 33830 US

Title: MGRM ( ) Delete
Name: AGNER, WILLIAM M JR.
Address: 290 HWY 17, NORTH
City-St-Zip: BARTOW, FL 33830 US

Title: MGRM ( ) Delete
Name: AGNER INVESTMENT COM, PANY
Address: 14132 18TH CT.
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: AGNER, WILLIAM M SR
Address: 14132 18TH CT.
City-St-Zip: DADE CITY, FL 33525 US

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL P. AGNER MNGR 03/24/2009

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