

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102327

FILED
Apr 30, 2006
Secretary of State

Entity Name: DLZ SOUTHEASTERN PROPERTIES, L.L.C.

Current Principal Place of Business:

2 PORTOFINO DRIVE #2104
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

2 PORTOFINO DRIVE #2104
PENSACOLA BEACH, FL 32561 US

Current Mailing Address:

2 PORTOFINO DRIVE #2104
PENSACOLA BEACH, FL 32561

New Mailing Address:

2 PORTOFINO DRIVE #2104
PENSACOLA BEACH, FL 32561 US

FEI Number: 20-3717821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

NOYES, DANIEL S
2 PORTOFINO DR. #2104
PENSACOLA BEACH, FL 32561 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: DANIEL S. NOYES

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DANIEL, NOYES S D.O.
Address: 2 PORTOFINO DR. #2104
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGRM () Change (X) Addition
Name: LISA, NOYES E
Address: 2 PORTOFINO DR. #2104
City-St-Zip: PENSACOLA BEACH, FL 32561

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: DANIEL S. NOYES

MGR

04/30/2006

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