

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103741

Entity Name: D & O PROPERTIES, LLC

FILED  
Jun 07, 2007  
Secretary of State

## Current Principal Place of Business:

2902 W HIGHWAY 90  
LAKE CITY, FL 32055

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2861  
LAKE CITY, FL 32056

## New Mailing Address:

FEI Number: 20-3660569      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

REGAR, SHANNON M  
9126 NW 106TH LOOP  
LAKE BUTLER, FL 32054      US

## Name and Address of New Registered Agent:

DUPREE, JOSEPH  
2902 W US HWY 90  
LAKE CITY, FL 32025      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: JOSEPH DUPREE

06/07/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: DUPREE, JOSEPH L JR  
Address: 290 NW CLUBVIEW CIRCLE  
City-St-Zip: LAKE CITY, FL 32055

Title: MGR      ( ) Delete  
Name: OWENS, GLENN H  
Address: 352 NW SCENIC LAKE DRIVE  
City-St-Zip: LAKE CITY, FL 32055

## ADDITIONS/CHANGES:

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

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

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: JOSEPH DUPREE

P

06/07/2007

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