

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AKT)

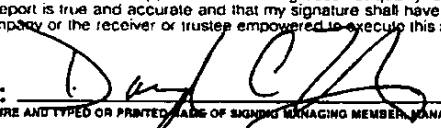
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Apr 05, 2006 8:00 am
Secretary of State

03-24-2006 90221 025 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000108633					
1. Entity Name D.C.H. PROPERTY MAINTENANCE, LLC					
Principal Place of Business 3004 51ST AVE TER W BRADENTON FL 34207 US			Mailing Address 3004 51ST AVE TER W BRADENTON FL 34207 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3758555	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HANNA, DOUGLAS 3004 51ST AVE TER W BRADENTON FL 34207			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when filing.) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HANNA, DOUGLAS		NAME		
STREET ADDRESS	3004 51ST AVE TER W		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON FL 34207		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	MGRM	☐ Change ☒ Addition
NAME			NAME	SCOTT D. BURBOL	
STREET ADDRESS			STREET ADDRESS	3439 Pine Valley Dr	
CITY- ST- ZIP			CITY- ST- ZIP	Sarasota, FL 34239	
TITLE		☐ Delete	TITLE	MGRM	☐ Change ☒ Addition
NAME			NAME	David Buncik	
STREET ADDRESS			STREET ADDRESS	1635 Vereda Verde	
CITY- ST- ZIP			CITY- ST- ZIP	Sarasota, FL 34232	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			3/15/06 (941) 526-7007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					