

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116931

Entity Name: DI PROPERTIES, LLC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

1335 MIRAMAR STREET
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1335 MIRAMAR STREET
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

BOYE, ROBERT J
1335 MIRAMAR ST
CAPE CORAL, FL 33904 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: MGR () Delete
Name: BOYE, ROBERT R ROBERT
Address: 5014 SW 24 PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: BOYE, CHRISTOPHER S
Address: 2117 SW 14 AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: MRM () Delete
Name: DELANEY, STEVEN E
Address: 1291 CLARET
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

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

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 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: ROBERT J. BOYE

MGR

07/05/2006

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