

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90251 045 \*\*\*\*50.00

**DOCUMENT # L05000118928**  
 1. Entity Name  
**DEIBERT'S SOUTHERN PROPERTIES, LLC**



Principal Place of Business  
 313 MAGNOLIA STREET  
 PORT ORANGE, FL 32129

Mailing Address  
 313 MAGNOLIA STREET  
 PORT ORANGE, FL 32129

60037630



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04052007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3929501** Applied For  
 APPLIED FOR Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SNELL LEGAL**  
**700 W. GRANADA BOULEVARD, SUITE 107**  
**ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent  
 Name **Kate E Deibert**  
 Street Address (P.O. Box Number is Not Acceptable)  
**313 Magnolia St**  
 City **Port Orange FL** Zip Code **32129**

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 **Kate E Deibert** **Kate E DEIBERT** **Apr. 15, 07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEIBERT, BRUCE E 313 MAGNOLIA STREET PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEIBERT, KATE E 313 MAGNOLIA STREET PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **Kate E Deibert** **Kate E DEIBERT** **Apr 5, 07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #