2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000031887

1. Entity Name

DUNBAR PROPERTIES, L.L.C.



Principal Place of Business

Mailing Address

503 LAKEWOOD DRIVE OLDSMAR, FL 34677

503 LAKEWOOD DRIVE OLDSMAR, FL 34677

us

FILED Jan 14, 2008 08:00 AM Secretary of State



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4622356

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSEN, JAMES E 503 LAKEWOOD DRIVE OLDSMAR, FL 34677

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8.	. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000782205 01/15/08-80066-004 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR OLSEN, JAMES E 503 LAKEWOOD DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINSON, JOHN J III 480 WILLOW LAKE LANE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS' CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/08

813/855-9878

Dayume Phone #