

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108560

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** 19 & ALTERNATE 19 PROPERTIES LLC

**Current Principal Place of Business:**

PO BOX 845  
BROOKSVILLE, FL 34605

**New Principal Place of Business:**

1533 US HIGHWAY 19  
HOLIDAY, FL 34691

**Current Mailing Address:**

PO BOX 845  
BROOKSVILLE, FL 34605

**New Mailing Address:**

FEI Number: 20-5761684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAHMER, DAVID K DR.  
26197 MOUNTAIN LAKE ROAD  
BROOKSVILLE, FL 34602 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: MGRM ( ) Delete  
Name: DAHMER, DAVID K  
Address: 26197 MOUNTAIN LAKE ROAD  
City-St-Zip: BROOKSVILLE, FL 34602

Title: MGRM ( ) Delete  
Name: DAHMER, SANDRA M  
Address: 26197 MOUNTAIN LAKE ROAD  
City-St-Zip: BROOKSVILLE, FL 34602

**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: DR DAVID K DAHMER

MGRM

04/27/2007

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