

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90197 012 ****50.00

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DOCUMENT # L06000111503 1. Entity Name DCSS PROPERTIES, LLC			
Principal Place of Business 1511 WILLIAMS ROAD PLANT CITY, FL 33565		Mailing Address 1511 WILLIAMS ROAD PLANT CITY, FL 33565	
2. Principal Place of Business - No P.O. Box # 1511 Williams Road		3. Mailing Address 1511 Williams Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plant City, FL		City & State Plant City, FL	
Zip 33565		Zip 33565	
Country		Country	
4. FEI Number 20-8196090		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CALI, LARRY D 1511 WILLIAMS ROAD PLANT CITY, FL 33565		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 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	MGR CALI, LARRY D 1511 WILLIAMS ROAD PLANT CITY, FL 33565	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Swindle, Raymond E. 1230 McIntosh Rd Thonotosassa, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Drawdy, David L. 1511 Williams Rd. Plant City, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stallings, Gary E. 6005 N. Ike Smith Rd. Plant City, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <u>Larry Cali</u>		Date: <u>3/7/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	