

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002119

1. Entity Name
DFS PROPERTIES LIMITED COMPANY



Principal Place of Business

14255 BEACH BOULEVARD
JACKSONVILLE, FL 32250

Mailing Address

14255 BEACH BOULEVARD
JACKSONVILLE, FL 32250



02092005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3571887

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, FERRIS G
14255 BEACH BLVD
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

1100000227617
02/14/05-80005-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SOLOMON, DOUGLAS G
14255 BEACH BOULEVARD
JACKSONVILLE, FL 32250

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SOLOMON, FERRIS G
14255 BEACH BOULEVARD
JACKSONVILLE, FL 32250

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

FERRIS G. SOLOMON 2/10/05 904-223-0888