

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 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



01112006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

000000404404
02/06/06-80044-023 50.00

9. **MANAGING MEMBERS/MANAGERS**

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

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

Date

Daytime Phone #

1-24-06 904-223-0888