2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/17

FILED
Jun 05, 2006 8:00 am
Secretary of State
05-01-2006 90035 008 ****50.00

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1. Entity Name
DARKENT PROPERTIES, LLC

Principal Place of Business	Mailing Address
1798 N. HERCULES AVENUE CLEARWATER, FL 33765	1798 N. HERCULES AVENUE CLEARWATER, FL 33765

30009503

01042006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
59-3576816
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET, SUITE 625
CLEARWATER, FL 33756

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	~~WILSON, DARRALD~~ wilson, Stephanie D
STREET ADDRESS	~~1798 N. HERCULES AVENUE~~ 2970 maple Trace
CITY-ST-ZIP	~~CLEARWATER, FL 33765~~ Tarpon Spring Fl 34688
TITLE	MGRM
NAME	KVIDERA, KENT
STREET ADDRESS	1798 N. HERCULES AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	S
NAME	RAYMOND, J. PAUL
STREET ADDRESS	625 COURT ST SUITE 200
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	Irizarry Angel L.
STREET ADDRESS	1798 N Hercules Ave
CITY-ST-ZIP	clearwater Fl 33765 / SEC.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] 727 442-7099
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #