


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L99000002921 1. Entity Name DARKENT PROPERTIES, LLC |  |
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| Principal Place of Business 1798 N. HERCULES AVENUE CLEARWATER, FL 33765 | Mailing Address 1798 N. HERCULES AVENUE CLEARWATER, FL 33765 |
|--|--|



DO NOT WRITE IN THIS SPACE

04222008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3576816 | 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

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

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000917514
05/13/08-80039-021 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WILSON, STEPHANIE D 2970 MAPLE TRACE TARPON SPRINGS, FL 34688 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KVIDERA, KENT 1798 N. HERCULES AVENUE CLEARWATER, FL 33765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RAYMOND, J. PAUL 625 COURT ST SUITE 200 CLEARWATER, FL 33756 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S IRIZARRY, ANGEL L 1798 N HERCULES AVE CLEARWATER, FL 33765 |
| 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:  4-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #