


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**


08-11-2004 90087 026 \*\*\*\*50.00

<b>DOCUMENT # L99000004653</b> 1. Entity Name <b>D &amp; L PROPERTIES OF APOLLO BEACH, LLC</b>	
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Principal Place of Business <b>907 BUNKER VIEW DRIVE APOLLO BEACH, FL</b>	Mailing Address <b>907 BUNKER VIEW DRIVE APOLLO BEACH, FL</b>
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**DO NOT WRITE IN THIS SPACE**

**24079563**



07012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3604534</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**FISHER, LOUIS  
907 BUNKER VIEW DRIVE  
APOLLO BEACH, FL**

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, LOUIS 907 BUNKER VIEW DRIVE APOLLO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, LINDA DARLENE 907 BUNKER VIEW DRIVE APOLLO BEACH, FL
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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

**8-2-04** **(813) 641-3353**  
Date Daytime Phone #