

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000009228

1. Entity Name
DPZ COMMUNITIES, L.L.C.



Principal Place of Business
1023 S.W. 25TH AVENUE
MIAMI, FL 33135

Mailing Address
1023 S.W. 25TH AVENUE
MIAMI, FL 33135



04082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0989218

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHANNON, R. MATTHEW
1023 SW 25TH AVENUE
MIAMI, FL 33135

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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 resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000119039

04/19/04-80085-003 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHANNON, R. MATTHEW
1023 S.W. 25TH AVENUE
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUANY, ANDRES M
1023 SW 25TH AVENUE
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PLATER-ZYBERK, ELIZABETH
1023 SW 25TH AVENUE
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #