

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90034 031 \*\*\*\*50.00

**DOCUMENT # L99000009292**

1. Entity Name  
**D'ASIGN PROPERTIES LLC**



Principal Place of Business  
**11500 OVERSEAS HIGHWAY  
MARATHON, FL 33050**

Mailing Address  
**11500 OVERSEAS HIGHWAY  
MARATHON, FL 33050**

**20042771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**65-0529929**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, JERRY  
201 FRONT STREET, SUITE 203  
KEY WEST, FL 33040**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Jerry Coleman, Esq*

(NOTE: Registered Agent signature required when reinstating)

*4/27/06*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME D'ASCANIO, ANTHONY  
STREET ADDRESS 11500 OVERSEAS HWY  
CITY-ST-ZIP MARATHON, FL 33050

TITLE MGRM ☐ Change ☒ Addition  
NAME D'Assign Group, Inc  
STREET ADDRESS 11500 Overseas Highway  
CITY-ST-ZIP Marathon, FL 33050

TITLE MGR ☐ Delete  
NAME D'ASCANIO, AMEDEO  
STREET ADDRESS 11500 OVERSEAS HWY  
CITY-ST-ZIP MARATHON, FL 33050

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME D'ASCANIO, FRANCO  
STREET ADDRESS 11500 OVERSEAS HWY  
CITY-ST-ZIP MARATHON, FL 33050

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Amedeo D'Ascanio*

*4/27/06*

*305-743-7130*

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

Date

Daytime Phone #