


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000002047 1. Entity Name DBL PROPERTIES, L.L.C.	
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Principal Place of Business 511 GRAVIER ST., STE 100 NEW ORLEANS, LA 70130	Mailing Address 511 GRAVIER ST., STE 100 NEW ORLEANS, LA 70130
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 72-1318483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S
3 WEST GARDEN STREET
PENSACOLA, FL 32756-2950

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOSSETTA, PATRICK R 511 GRAVIER ST., STE 100 NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DORSEY, MARC G 511 GRAVIER ST., STE 100 NEW ORLEANS, LA
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01/13/05-80051-002 50.00

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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 1/12/05 **Daytime Phone #** 504 589 4541