2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000002047

1. Entity Name
DBL PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
511 GRAVIER ST. SUITE 100 NEW ORLEANS, LA 70130	511 GRAVIER ST. SUITE 100 NEW ORLEANS, LA 70130

DO NOT WRITE IN THIS SPACE

01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number
72-1318483
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOSSETTA, PATRICK R
STREET ADDRESS	511 GRAVIER ST., STE 100
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	MGRM
NAME	DORSEY, MARC G
STREET ADDRESS	511 GRAVIER ST., STE 100
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000841656
03/10/08-80026-004 138.75

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #