## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS

CITY-ST-7IP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

## Apr 19, 2007 08:00 All Secretary of State **DOCUMENT # M02000001148** D-A PROPERTIES II, LLC Principal Place of Business Mailing Address 1745 SW 12TH AVE 1340 WEST 29TH STREET OCALA, FL 34474 INDIANAPOLIS, IN 46208 CR2E083 (11/05) 03292007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 36-4492832 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 31.7 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PROTOGERE, MICHAEL NAME STREET ADDRESS 4547 LINCOLN ROAD CITY-ST-ZIP INDIANAPOLIS, IN 46228 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

**FILED** 

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05/01/07-80006-006 50.00

11. If 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.

MICHAELPROTOGERE NG MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #