

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003352

FILED  
May 15, 2007  
Secretary of State

Entity Name: D & M ASSOCIATED PROPERTIES, LLC

**Current Principal Place of Business:**

P.O. BOX 167  
LEWES, DE 19958 US

**New Principal Place of Business:**

MAIN ST  
LEWES, DE 19958 US

**Current Mailing Address:**

P.O. BOX 167  
LEWES, DE 19958 US

**New Mailing Address:**

FEI Number: 25-1811902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRETH, DAVID A  
Address: P.O. BOX 167  
City-St-Zip: LEWES, DE 19958 US

Title: MGR ( ) Delete  
Name: EDDINGER, MICHAEL A  
Address: P.O. BOX 167  
City-St-Zip: LEWES, DE 19958 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID GRETH

MANA

05/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date