

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # M05000000006**

1. Entity Name  
**D & H PROPERTIES, LLC**



Principal Place of Business  
**1227 4TH AVENUE NORTH  
BIRMINGHAM, AL 35203**

Mailing Address  
**1227 4TH AVENUE NORTH  
BIRMINGHAM, AL 35203**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 30 AM 7:53



07222005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2069569**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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 September 7, 2005**

**CK# 1144**

**\$150 —**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
M & W LAND RESOURCES, LLC  
8069 B HIGHWAY 30-A  
PANAMA CITY BEACH, FL 32413**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DAVID, JOHN PAUL  
1227 4TH AVENUE NORTH  
BIRMINGHAM, AL 35203**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**REINSTATEMENT 2005**

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:** *John P. David* mgr partner (205)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**205-222 2834**