## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M05000006570

1. Entity Name

DEBROCK PROPERTIES, L.L.C.



FILED Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90139 010 \*\*\*\*50.00

Principal Place of Business

22924 N. 91ST WAY SCOTTSDALE, AZ 85255 Mailing Address

22924 N. 91ST WAY SCOTTSDALE, AZ 85255



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PULLUM, MARYBETH L ESQ. C/O PULLUM & PULLUM, P.A. 1330 W. CITIZENS BLVD., SUITE 701 LEESBURG, FL 34748

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	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept
SIGNATURE_			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		•
TITLE	MGRM		
NAME	DEBROCK REVOCABLE TRUST DATED 11/1/96		
STREET ADDRESS	22924 N. 91ST WAY		
CITY-ST-ZIP	SCOTTSDALE, AZ 85255		

## DO NOT WRITE IN THIS SPACE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 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 made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; that I am a made in the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same le

11. I hereby certify that the information supplied with this filling 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.

CICMATIDE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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1/22/07

602-859-7510