


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000000312
 1. Entity Name
 D & D ACQUISITIONS, L.L.C.



Principal Place of Business	Mailing Address
2160 W. ATLANTIC AVE. SECOND FLOOR DELRAY BEACH, FL 33445	2160 W. ATLANTIC AVE. SECOND FLOOR DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE



04112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0003765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONBERG, DAVID T ESQ.
 2160 WEST ATLANTIC AVENUE
 SECOND FLOOR
 DELRAY BEACH, FL 33445

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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)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEIFERT, DOUGLAS I 2160 W ATLANTIC AVE, SECOND FLOOR DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARONBERG, DAVID T 2160 W ATLANTIC AVE, SECOND FLOOR DELRAY BEACH, FL 33445
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 04/25/05-80029-025 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 4/11/05 DAYTIME PHONE #: 561 266 9191

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