

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000312

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: D & D ACQUISITIONS, L.L.C.

**Current Principal Place of Business:**

2160 W. ATLANTIC AVE.  
SECOND FLOOR  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2160 W. ATLANTIC AVE.  
SECOND FLOOR  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 26-0003765      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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: MGRM ( ) Delete  
Name: LEIFERT, DOUGLAS I  
Address: 2160 W ATLANTIC AVE, SECOND FLOOR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM ( ) Delete  
Name: ARONBERG, DAVID T  
Address: 2160 W ATLANTIC AVE, SECOND FLOOR  
City-St-Zip: DELRAY BEACH, FL 33445

**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 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 T. ARONBERG      MGRM      04/20/2007

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