

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021315

FILED
Jan 28, 2009
Secretary of State

Entity Name: D & D REALTY LLC

Current Principal Place of Business:

6360 PELICAN BAY DRIVE, SUITE 401-C
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

6360 PELICAN BAY DRIVE, SUITE 401-C
NAPLES, FL 34108

New Mailing Address:

FEI Number: 26-7486937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, THEODORE J ESQ.
8030 PETERS CT
BLDG 8 SUITE 104
PLANTATION, FL 33324 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: MGR () Delete
Name: FEINBERG, DAVID A
Address: 6360 PELICAN BAY DRIVE, SUITE 401-C
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: FEINBERG, DORIS
Address: 6360 PELICAN BAY BLVD #401C
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: CRESPO, PAMELA F
Address: 5950 SONOMA LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

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

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

Title: D (X) Change () Addition
Name: CRESPO, PAMALA F
Address: 5950 SONOMA LANE
City-St-Zip: NAPLES, FL 34119

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: A. DAVID FEINBERG

MGR

01/28/2009

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