


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000012468 1. Entity Name DDA MANAGEMENT G.P., L.L.C.	
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Principal Place of Business 7475 N UNIVERSITY DR TAMARAC, FL 33321	Mailing Address 7475 N UNIVERSITY DR TAMARAC, FL 33321
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03122007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GREEN, MITCHELL F
 4000 HOLLYWOOD BLVD, STE 485-SOUTH
 HOLLYWOOD, FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, NICHOLAS C 7475 N UNIVERSITY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEUTSCH, EDWARD S 7475 N UNIVERSITY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUCHS, SCOTT M 7475 N UNIVERSITY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, JEFFREY H 7475 N UNIVERSITY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERNTHAL, MICHAEL 7475 N UNIVERSITY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000702069
 04/20/07-80083-009 50.00

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:  Nicholas C. Katz Date: 4-9-07 954-721-5400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #