


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L06000068121
 1. Entity Name
 D&D REPRODUCTIONS, LLC



Principal Place of Business 3309 OLEANDER AVENUE FT PIERCE, FL 34982	Mailing Address 703 SAN SALVADOR COVE PORT ST LUCIE, FL 34986-3455 US
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DO NOT WRITE IN THIS SPACE



04042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5166509	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

JUCKNISS, RICHARD A
 748 SW MUNJACK CIRCLE
 PORT ST LUCIE, FL 34986-3455

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000900741
 04/29/08-80040-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALLARDI, DOMINIC 703 SAN SALVADOR COVE PORT ST LUCIE, FL 349863455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALLARDI, ANN DYE 703 SAN SALVADOR COVE PORT ST LUCIE, FL 349863455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUCKNISS, RICHARD A 748 SW MUNJACK CIRCLE PORT ST LUCIE, FL 349863455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDY-JUCKNISS, MARIA 748 SW MUNJACK CIRCLE PORT ST LUCIE, FL 349863455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  4/14/08 772-344-7304

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