FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90032 033 ****50.00

60040018

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000053147

1. Entity Name
DY & SY INVESTMENT GROUP, LLC.

Principal Place of Business	Mailing Address
16340 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445	16340 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445

04232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
301 W. ATLANTIC AVE	301 W. ATLANTIC AVE
Suite, Apt. #, etc.: SUITE O-2	Suite, Apt. #, etc.: SUITE O2
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. FEI Number 20-5599135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

YAFFA, DOREEN M
16340 BRIDLEWOOD CIRCLE
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name DOREEN M. YAFFA
Street Address (P.O. Box Number is Not Acceptable)
301 W. ATLANTIC AVE, SUITE O-2
City DELRAY BEACH FL Zip Code 33444

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 [signature] 4/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YAFFA, DOREEN M		NAME		
STREET ADDRESS	16340 BRIDLEWOOD CIRCLE		STREET ADDRESS	301 WEST ATLANTIC AVE, O-2	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YAFFA, SAMUEL M		NAME		
STREET ADDRESS	16340 BRIDLEWOOD CIRCLE		STREET ADDRESS	301 WEST ATLANTIC AVE, O-2	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #