2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0000007251 1. Entity Name D & N REAL ESTATE HOLDINGS, L.L.C.



FILED Feb 23, 2004 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

7860 PETERS RD., STE. F-110 PLANTATION, FL 33324

Mailing Address

7860 PETERS RD., STE. F-110 PLANTATION, FL 33324



01092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	 	Applied For
65-1018619	_	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

CAHAN, RICHARD J ESQ. BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI, FL 33126-2065

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	named entity submits this statement for the purpose of char lions of registered agent.	nging its registered office or registered agent, or bot	h. in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and late if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FI	iling Fee is \$50.00 ue by May 1, 2004		
D .	MANAGING MEMBERS/MANAGERS		
TITLE HAME 45THEET ADDRESS - CITY-ST-LIP	MGR SEDLEY, RONALD 7343 BALLANTRAE COURT BOCA RATON, FL 334961423		U00000063620 02/23/04-80168-020 50.00
THRE NAME STREY ACORESS CHY-ST-ZIP			
tifle Name Strict adoress City-Si-Zip		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
HILL MAME SIRELI ADUNESS CXTY-SI-LIP			
TIFLE NAME STREET ADDRESS CIEY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature should be company of the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the contract of the company of the receiver or trustee empowered to execute the contract of the contra	rualify for the exemption stated in Section 119.07(3)(all have the same legal effect as if made under oath sule this report as required by Chapter 608, Florida S	Florida Statutes, I further certify that the information that I am a managing member or manager of the statutes.

MEMBERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE