


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90013 001 ****50.00

DOCUMENT # L0000007251

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



Principal Place of Business Mailing Address
7860 PETERS RD., STE. F-110 **7860 PETERS RD., STE. F-110**
PLANTATION, FL 33324 **PLANTATION, FL 33324**

2. Principal Place of Business 3. Mailing Address
c/o MARC FIXLOR CPA P.A. *c/o MARC FIXLOR CPA P.A.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1505 NW 159 AVENUE **1505 NW 159 AVENUE**
 City & State City & State
PEMBROKE PINES, FL **PEMBROKE PINES, FL**
 Zip Zip Country Country
33028 **33028** **USA** **USA**



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
65-1018619 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

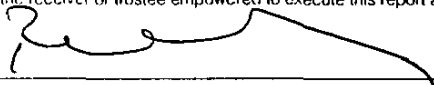
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEDLEY, RONALD 7343 BALLANTRAE COURT BOCA RATON, FL 334961423 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #