

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90280 022 \*\*\*\*55.00

**DOCUMENT # L00000012451**



1. Entity Name  
**DD PARTNERSHIP OF NAPLES, L.L.C.**

Principal Place of Business  
**6635 WILLOW PARK DRIVE  
NAPLES, FL 34109 US**

Mailing Address  
**6635 WILLOW PARK DRIVE  
NAPLES, FL 34109 US**

**20007979**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01122005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**65-1051063**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIAMOND, DAVID B  
9129 THE LANE  
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name **David B. Diamond**

Street Address (P.O. Box Number is Not Acceptable)

**6635 Willow Park Drive**

City **Naples**

**FL**

Zip Code **34109**

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, 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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **DIAMOND, DAVID B**  
STREET ADDRESS **9129 THE LANE**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **MGRM** ☐ Delete  
NAME **DEANGELIS, JOHN M**  
STREET ADDRESS **2316 HARRIER RUN**  
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **David B. Diamond**  
STREET ADDRESS **23650 Atessa Way No. 201**  
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

**2/2/05 239-594-1994**