

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90031 001 ****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

DO NOT WRITE IN THIS SPACE



03292006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-1051063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, DAVID B
6635 WILLOW PARK DRIVE
NAPLES, FL 34109

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IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DIAMOND, DAVID B
28650 ALTESSA WAY, NO. 201
BONITA SPRINGS, FL 34135

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #