## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

**FILED** Apr 17, 2002 8:00 am Secretary of State 04-17-2002 90025 006 \*\*\*\*50.00

DOCUMENT #	L00000012680	
<ol> <li>Entity Name</li> </ol>		
D &	D, L.L.C.	

ĺ	DO NOT WRI	TE IN THIS SI	PACE					
301 YAMATO ROAD         301 YAMA           Suite, Apt. #, etc.         Suite, Apt. #, etc.		3. Mailing Address 301 YAMATO Suite, Apt. #, etc. 100	ROAD	DO NOT WRITE IN THIS SPACE				
City & State	<u> </u>	City & State		4. FEI Number		Applied For		
BOCARE		BOCA RATON	FL	65-1060		Not Applicable		
Zip 33431	Country	Zip 33431	Country	5. Certificate of Status Desir	ed □ \$	5.00 Additional see Required		
DO NOT WRITE IN THIS SPACE			Street Addr 20	7. Name and Address of Current Registered Agent Name BENAIM, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 20910 VIA OLEANDER UNIT # 2				
		City BO	CA RATON	FL	Zip Code 33428			
SIGNATURE		d agent and title if applicable	EE IS \$50.00	gistered agent, or both, in the State of	DATE			
		Make Check Pa	yable to Departme UE BY MAY 1	nt of State 4	_			
9.		EMBERS/MANAGERS					_	
ritle Name Street address City-St-Zip	MGRM BENAIM, ALBER 20910 VIA OLE BOCA RATON F	ANDER UNIT #2	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			CR25683R (12/01	777 2700	
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X ALBERTO BENALM, MGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ALBERTO BENAIM, MGR

Daytime Phone #