

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000013871</b> 1. Entity Name DDMS HOLDINGS, L.L.C.	
---------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 102 SURREY LANE PONTE VEDRA BEACH FL 32082	Mailing Address 102 SURREY LANE PONTE VEDRA BEACH FL 32082
------------------------------------------------------------------------------	------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E083 (10/06)

4. FEI Number <b>59-3711211</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  BARTLETT, BARON L BARTLETT & DEAL, P.A. 135 PROFESSIONAL DR., STE. 101 PONTE VEDRA BEACH FL 32082	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">P NIEMIEC, MARK A 102 SURREY LANE PONTE VEDRA FL 32082</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	P NIEMIEC, MARK A 102 SURREY LANE PONTE VEDRA FL 32082	<input type="checkbox"/> Delete
P NIEMIEC, MARK A 102 SURREY LANE PONTE VEDRA FL 32082	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">MGRM HEIDELBERGER, LOUIS M 357 SPRING MILL RD VILLANOVA PA 19085</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	MGRM HEIDELBERGER, LOUIS M 357 SPRING MILL RD VILLANOVA PA 19085	<input type="checkbox"/> Delete
MGRM HEIDELBERGER, LOUIS M 357 SPRING MILL RD VILLANOVA PA 19085	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		

10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">                             L00000645708                              03/05/07-80018-001 50.00                         </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition                         </td> </tr> </table>	L00000645708 03/05/07-80018-001 50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
L00000645708 03/05/07-80018-001 50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Mark Niemiec*      2/20/07      704-643-1945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #