


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90014 046 ****50.00

DOCUMENT # L01000000513

1. Entity Name
D & N REALTY HOLDINGS NO. 2, L.L.C.



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

2. Principal Place of Business <i>c/o MARC FIXLOR CPA PA</i> Suite, Apt. #, etc. 1505 NW 159 AVENUE	3. Mailing Address <i>c/o MARC FIXLOR CPA PA</i> Suite, Apt. #, etc. 1505 NW 159 AVENUE
---	---

City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip 33028	Zip 33028
Country USA	Country USA



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1071743	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**ALAN CAHAN, RICHARD J ESQ.
 BECKER & POLIAKOFF, P.A.
 5201 BLUE LAGOON DR., STE. 100
 MIAMI, FL 33126-2065**

7. Name and Address of New Registered Agent

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

TITLE MGR	<input type="checkbox"/> Delete
NAME SEDLEY, RONALD	
STREET ADDRESS 7860 PETERS RD, F-110	
CITY-ST-ZIP PLANTATION, FL 33324	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>c/o MARC FIXLOR CPA</i>
STREET ADDRESS	<i>1505 NW 159 AVENUE</i>
CITY-ST-ZIP	<i>PEMBROKE PINES, FL 33028</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 _____ Davina Phone # _____