FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001105

1. Entity Name
D&P ASSOCIATES, LLC

Principal Place of Business	Mailing Address
1601 SAN SILVESTRO DRIVE VENICE, FL 34292	1601 SAN SILVESTRO DRIVE VENICE, FL 34292

2. Principal Place of Business	3. Mailing Address
5134 Northridge Rd	5134 Northridge Rd
Suite, Apt. #, etc.: Apt 109	Suite, Apt. #, etc.: Apt 109
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34238 Country: USA	Zip: 34238 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1073432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRASNOFF, DAVID S
1601 SAN SILVESTRO DRIVE
VENICE, FL 34292

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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

100017564921
04/30/03--01054--013 **50.00

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRASNOFF, PAULETTE 1601 SAN SILVESTRO DRIVE VENICE, FL 34292	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~04/30/03--01054--013 **50.00~~	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRASNOFF, DAVID 1601 SAN SILVESTRO DRIVE VENICE, FL 34292	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (8/02)

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: Paulette Krasnoff 4/21/03 941 5047953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #