



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # L01000007227 | |  |
| 1. Entity Name DHDC, L.L.C. | | |
| Principal Place of Business 11760 S.W. 72 AVE. PINECREST, FL 33156 | Mailing Address 11760 S.W. 72 AVE. PINECREST, FL 33156 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent GLASSER, GENE ESQ 2021 TYLER STREET HOLLYWOOD, FL 33020 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | <small>(NOTE: Registered Agent signature required when reinstating)</small> |
| Filing Fee is \$50.00 Due by May 1, 2004 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CORASH, DAVID 11760 S.W. 72 AVE. PINECREST, FL 33156 | |
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> 5/4/29/04 <small>Daytime Phone #</small> 305-595-7100 |



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1104586

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

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IN THIS SPACE**

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05/04/04-80117-015 55.00