

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2003 8:00 am**  
**Secretary of State**

09-19-2003 90065 003 \*\*\*\*50.00

**DOCUMENT # L01000018772**

1. Entity Name  
**DDJD INVESTMENTS, LLC.**



Principal Place of Business

**4485 DOVER COURT. #1201  
NAPLES FL 34105**

Mailing Address

**4485 DOVER COURT. #1201  
NAPLES FL 34105**

2. Principal Place of Business

**4745 STRATFORD CT  
# 2303**

3. Mailing Address

**4745 STRATFORD CT  
# 2303**



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number **65-0640613**

Applied For  
 Not Applicable

Zip

Country

**34105 USA**

Zip

Country

**34105 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLOOD, PETER T  
125 N AIRPORT ROAD, SUITE 202  
NAPLES FL 34104**

Name **DALAS D. DISNEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**4745 STRATFORD COURT  
# 2303**  
City **NAPLES** FL Zip Code **34105**

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 **Dalas D. Disney / DALAS D. DISNEY**

**9-15-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>DISNEY, DALAS D</b>	
STREET ADDRESS	<b>4485 DOVER COURT, #1201</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>DISNEY, JEANNE M</b>	
STREET ADDRESS	<b>4485 DOVER COURT, #1201</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4745 STRATFORD COURT #2303</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4745 STRATFORD COURT #2303</b>	
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		

CR2E083 (4/03)

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: **Dalas D. Disney**

**9-15-03 239-261-3399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #