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Secretary of State

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021357

1. Entity Name
DDPL, L.L.C.

04003700

Principal Place of Business	Mailing Address
16826 ERIE PLACE DAVIE, FL 33331	16826 ERIE PLACE DAVIE, FL 33331

07082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
16286 Erie Place	16286 Erie Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, Florida	City & State: Davie, Florida
Zip: 33331 Country	Zip: 33331 Country

4. FEI Number 26-0008073 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON TRICK, WILLIAM JR ESQ.
1216 E. ATLANTIC BLVD., STE. 7
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name: Jean Bernard Pierre-Louis
Street Address (P.O. Box Number is Not Acceptable): 16286 Erie Place
City: Davie FL Zip Code 33331

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 X ____________ 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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERRE-LOUIS, JEAN BERNARD 16826 ERIE PLACE DAVIE, FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERRE-LOUIS, EGELENE 16826 ERIE PLACE DAVIE, FL 33331	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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