


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012559 1. Entity Name DDB INVESTMENTS, LLC	
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Principal Place of Business 1110 BRICKELL AVE 603 MIAMI, FL 33130	Mailing Address 1110 BRICKELL AVE 603 MIAMI, FL 33130
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01282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2042270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHIFFRIN, MICHAEL ESQ 9130 SOUTH DADELAND BLVD 1109 MIAMI, FL 33156
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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 (file if applicable) (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASSO, HECTOR 1110 BRICKELL AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERG, DONALD L 1110 BRICKELL AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEFORTUNA, EDGARDO 1110 BRICKELL AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000216039 02/05/05-80031-020 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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>
Date _____ Daytime Phone # _____