## 2006 LIMITED LIABILITY COMPANY

## FILED ANNUAL REPORT ... 🚙 Jul 07, 2006 08:00 AN DOCUMENT # L02000013831 **Secretary of State** 1. Entity Name DDC INVESTMENTS LLC Principal Place of Business Mailing Address 8760 SW 56 PLACE 8760 SW 56 PLACE COOPER CITY, FL 33328 COOPER CITY, FL 33328 07012006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPA Applied For 4. FEI Number 42-1544447 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Spirite de Spirite de la Carriera d EAPEN, PAUL E DO NOT WRITE 8760 SW 56 PLACE COOPER CITY, FL 33328 IN THIS SPACE 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. Larn familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE\_Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 6, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM DDF ilig yagi nga alag, alag gapanan salambian kepamatan bersete bersete bers EAPEN, PAUL E dan dan makaligi dan dake dak dari baki dari STREET ADDRESS 8760 SW 56 PLACE CITY-ST-ZIP COOPER CITY, FL 33328 W 000000568406 MGRM TITLE 07/07/06-80007-013 50:00 NAME EAPEN, SUSAN 8760 SW 56 PLACE STREET ADDRESS ngagawang Kabupatèn A CITY-ST-ZIP COOPER CITY, FL 33328 TITLE NAME gunga ya gibuniya diserbi disebilik (Sikiribi Pik STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP THILE ing of the Book of the party through the first the State of the State

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

> SIGNATURE AND TYPED OR PRINTED NAME DE SIG IG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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