2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# L02000014054

Entity Name: D D & S, LLC

Current Principal Place of Business:

4343 W. HENDERSON BLVD.
TAMPA, FL 33629 US

New Principal Place of Business:

4624 N. ARMENIA AVE.
TAMPA, FL 33603 US

Current Mailing Address:

4343 W HENDERSON BLVD. #180
TAMPA, FL 33629

New Mailing Address:

4624 N. ARMENIA AVE.
TAMPA, FL 33603

FEI Number: 04-3679944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVALLE, DORIS
4343 W. HENDERSON BLVD. #180
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

OVALLE, DORIS
4624 N. ARMENIA AVE.
TAMPA, FL 33603 US

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.

SIGNATURE: _____ 04/28/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MEM ( ) Delete
Name: BARRY, SCOTT E
Address: 4343 W. HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629 US

Title: MEM ( ) Delete
Name: OVALLE, DORIS
Address: 4343 W. HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BARRY, SCOTT E
Address: 4343 W. HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM (X) Change ( ) Addition
Name: OVALLE, DORIS
Address: 4343 W. HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SCOTT E. BARRY MGR 04/28/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date