

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90079 038 ****50.00

DOCUMENT # L02000018910	
1. Entity Name D.D., LLC	



Principal Place of Business 917 CENTRAL PARKWAY STUART, FL 34997	Mailing Address 917 CENTRAL PARKWAY STUART, FL 34997
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20004363



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0551965	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOOGE, HOWARD E JR. ESQ 401 E. OSCEOLA STREET STUART, FL 34994	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MATAKAETTS, MICHAEL 4900-1 SPINNAKER POINT PL. STUART, FL 34994	VP PRINCE, JOEL 917 CENTRAL PARKWAY STUART, FL 34994		
S MATAKAETIS, MICHAEL 4900-1 SPINNAKER POINT PL. STUART, FL 34994			
T MATAKAETIS, MICHAEL 4900-1 SPINNAKER POINT PL. STUART, FL 34994			

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:	Date: 1-2005 7722190719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	