

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026145

Entity Name: D&D PROPERTIES LLC

FILED  
Jul 29, 2007  
Secretary of State

## Current Principal Place of Business:

PO BOX 837  
FORT WALTON BEACH, FL 32549 US

## New Principal Place of Business:

1910 KADMIMA CIRCLE  
FORT WALTON BEACH, FL 32547 US

## Current Mailing Address:

PO BOX 837  
FORT WALTON BEACH, FL 32549 US

## New Mailing Address:

FEI Number: 27-0035128      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DEROSA, ANTHONY  
1910 KADIMA CIRCLE  
FORT WALTON BEACH, FL 32547 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DEROSA, MORRIS  
Address: 112 COBB HALL CT  
City-St-Zip: GREENVILLE, SC 29607 US

Title: MGR ( ) Delete  
Name: DEROSA, ANTHONY  
Address: 1910 KADIMA CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTHONY DEROSA

MGR

07/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date