

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90031 039 ****50.00

DOCUMENT # L02000032816					
1. Entity Name DD&R, LLC					
Principal Place of Business 223 TAYLOR ST. PUNTA GORDA, FL 33950			Mailing Address P.O. BOX 511448 PUNTA GORDA, FL 33951-1448		
2. Principal Place of Business 109 Taylor Street - Suite 112 Suite, Apt. #, etc. Suite 112 City & State Punta Gorda, FL 33950 Zip 33950 Country USA			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			01062005 Chg-LLC CR2E083 (10/03)		
			4. FEI Number 65-1164358		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 WOTITZKY, EDWARD L 223 TAYLOR ST. PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Edward L. Wotitzky Street Address (P.O. Box Number is Not Acceptable) 109 Taylor Street - Suite 112 City Punta Gorda FL Zip Code 33950		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRIST, DOUGLAS E 2306 BALLMAN DR. LANSING, MI 48917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6170 WHITEHILLS LAKE DR EAST LANSING, MI 48923
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:			4/8/05 941-639-4220		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOUGLAS E. CRIST			Date Daytime Phone #		