

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03110907429
4/14/2003-90899-029-\$50.00-\$50.00 *

10/17/00

DOCUMENT # L02000032816



1. Entity Name
DD&R, LLC

FILED

2003 OCT -3 PM 12:39

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
223 TAYLOR ST.
PUNTA GORDA FL 33950

Mailing Address
P.O. BOX 511448
PUNTA GORDA FL 33951-1448



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FFR Number
65-1164358

Applied For
 Not Applicable

5. Certificate of Status Desired \$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
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 _____ DATE _____
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE	MANAGING MEMBER <input type="checkbox"/> Delete
NAME	DOUGLAS E. CRIST
STREET ADDRESS	2305 BILLMAN DR
CITY-ST-ZIP	LANSING, MI 48917
TITLE	MEMBER <input type="checkbox"/> Delete
NAME	LEWIS D. JONES
STREET ADDRESS	916 E. MICHIGAN
CITY-ST-ZIP	LANSING, MI 48933
TITLE	MEMBER <input type="checkbox"/> Delete
NAME	ROBBY FASSETT
STREET ADDRESS	916 W. MADISON
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED **8/28/03** 941-639-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)