


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 90158 001 ***100.00

DOCUMENT # L03000003581
 1. Entity Name
DD MARKETING, LLC



Principal Place of Business
530 SCOTT DRIVE
ORMOND BEACH FL 32174

Mailing Address
530 SCOTT DRIVE
ORMOND BEACH FL 32174

34007810



MOORE CR2E083 (11/03)

2. Principal Place of Business
6 COVINA SLONE LAKE

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
ORMOND BEACH FL

City & State

Zip
32174

Country
Volusia

4. FEI Number
11-3670289

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|--|---|
| FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE, SUITE B-1 PORT ORANGE FL 32127 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

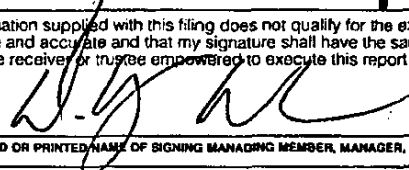
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WALTRIP, D. DWAYNE 530 SCOTT DRIVE ORMOND BEACH FL 32174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WALTRIP, DONNA M 530 SCOTT DRIVE ORMOND BEACH FL 32174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **4/28**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #