

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007437

Entity Name: D2A, LLC

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

17 ROYAL PALM WAY
SUITE 603
BOCA RATON, FL 33432

New Principal Place of Business:

4400 NORTH FEDERAL HIGHWAY
SUITE 18
BOCA RATON, FL 33431

Current Mailing Address:

17 ROYAL PALM WAY
SUITE 603
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 32-0063454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRERO, DAVID
17 ROYAL PALM WAY
SUITE 603
BOCA RATON, FL 33432 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: MGRM () Delete
Name: MARRERO, DAVID
Address: 17 ROYAL PALM WAY, #603
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: PEREZ, JEAN
Address: 8934B SW 22ND STREET
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: KROEP, REMON
Address: 805 S RIVERSIDE DR. #2C
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

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

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 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: DAVID MARRERO

MGRM

01/04/2007

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