

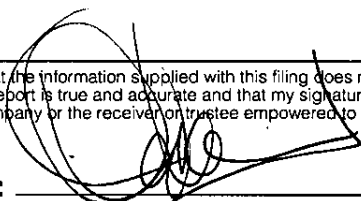


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90186 048 ****55.00

| | | | | | |
|---|---------------------------------|--|---|--|--|
| DOCUMENT # L03000014189 1. Entity Name D.G.D. MANAGEMENT & PROJECTS, LLC | | | |  | |
| Principal Place of Business 1120 S. POWERLINE RD. POMPAÑO BEACH, FL 33069 | | | Mailing Address 1120 S. POWERLINE RD. POMPAÑO BEACH, FL 33069 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 02042004 Chg-LLC CR2E083 (10/03) | |
| Zip | | Country | | 4. FEI Number 55-0836482 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CABRERA, LUIS M 1120 S. POWERLINE RD. POMPAÑO BEACH, FL 33069 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| | | | MGR/MEMB DELGADO, FERNANDO 1120 S. POWERLINE RD POMPAÑO BCH FL 33069 | | |
| | | | MGR/MEMB GONZALEZ, ALEJANDRO 1120 S. POWERLINE RD POMPAÑO BEACH FL 33069 | | |
| | | | MGR/MEMB DIQUEZ, OSCAR 1120 S. POWERLINE RD POMPAÑO BCH FL 33069 | | |
| | | | MGR/MEMB CABRERA, LUIS 1120 S. POWERLINE RD POMPAÑO BCH FL 33069 | | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | Date: 2/20/04 Daytime Phone #: 954-9734276 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |