## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

TIDE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

## FILED Feb 03, 2005 08:00 AM **DOCUMENT # L03000018569 Secretary of State** 1. Entity Name DD, LLC Mailing Address Principal Place of Business 3111 NE 13TH AVENUE 3111 NE 13TH AVENUE POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 01312005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2016357 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DUBROW DUKER & ASSOCIATES, P.A. DO NOT WRITE 2832 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable, Filing Fee is \$50.00 Due by May 1, 2005 <del>U00000212974</del> MANAGING MEMBERS/MANAGERS 9. 02/03/05-80052-005 55.DA MGR TITLE NAME PISANI, ENZO STREET ADDRESS 3111 NE 13TH AVENUE POMPANO BEACH, FL 33064 CITY-ST-7/8 ME MUELLER, LISA **3111 NE 13TH AVENUE** STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 PISANI, GERTRUDE NAME 3111 NE 13TH AVENUE STREET ADDRESS DO NOT WRITE POMPANO BEACH, FL. 33064 CTTY-ST-ZIP IN THIS SPACE nne NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling cloes not qualify for the exemption stated in Section 119.07(3)(f), 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 received of trustee employed to execute this report as required by Chapter 608, Florida Statutes.

warn SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #