


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90180 050 ****50.00

DOCUMENT # L03000026263	
1. Entity Name TKDD INVESTMENTS, LLC	

Principal Place of Business 436 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250	Mailing Address 436 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business 248 Levy Road Suite, Apt. #, etc.	3. Mailing Address P.O. Box 16718 Suite, Apt. #, etc.
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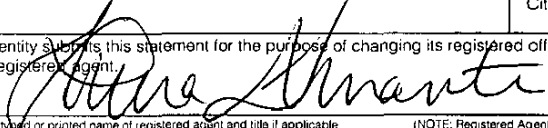
City & State Atlantic Beach FL	City & State Jacksonville FL
Zip 32233	Zip 32245
Country USA	Country USA

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 83-0366800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

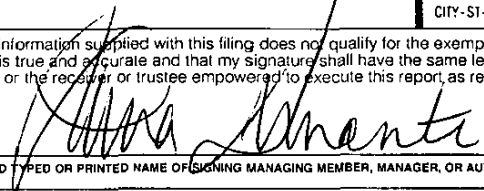
6. Name and Address of Current Registered Agent FERRANTE, LAURA L 436 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250	
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7. Name and Address of New Registered Agent Name Laura L. Ferrante Street Address (P.O. Box Number is Not Acceptable) 248 Levy Road City Atlantic Beach FL Zip Code 32233	
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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 1/13/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRANTE, LAURA L 1760 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233 <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	MGR HESSION, FRANK W 1760 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233 <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	MGR FERRANTE, DRUE M 3632 NW 31ST TERRACE GAINESVILLE, FL 32605 <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	MGR MYERS, KEITH 3632 NW 31ST TERRACE GAINESVILLE, FL 32605 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 1/13/05 Daytime Phone # 904247-8989