


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

20002301

2. Principal Place of Business
 248 Levy Road
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 16718
 Suite, Apt. #, etc.



01132005 Chg-LLC CR2E083 (10/03)

City & State
 Atlantic Beach FL

City & State
 Jacksonville FL

Zip
 32233

Country
 USA

Zip
 32245

Country
 USA

4. FEI Number
 83-0366800

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FERRANTE, LAURA L
 436 JACKSONVILLE DRIVE
 JACKSONVILLE BEACH, FL 32250

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

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 *Laura L. Ferrante* DATE 1/13/05

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

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	FERRANTE, LAURA L 1760 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE MGR	HESSION, FRANK W 1760 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE MGR	FERRANTE, DRUE M 3632 NW 31ST TERRACE GAINESVILLE, FL 32605	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE MGR	MYERS, KEITH 3632 NW 31ST TERRACE GAINESVILLE, FL 32605	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Laura L. Ferrante* DATE 1/13/05 DAYTIME PHONE # 904 247-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE