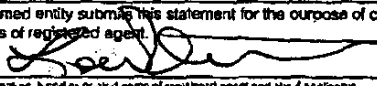
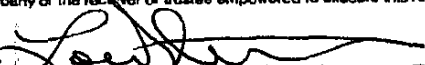


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90099 047 ***150.00

DOCUMENT # L03000031844					
1. Entity Name DDOFC AFFILIATES LLC					
Principal Place of Business 2610 N.E. 48TH COURT LIGHTHOUSE POINT, FL 33064 US			Mailing Address 2610 N.E. 48TH COURT LIGHTHOUSE POINT, FL 33064 US		
2. Principal Place of Business 5130 LINTON BLVD.			3. Mailing Address 5130 LINTON BLVD		
Suite, Apt. #, etc. SUITE B-3			Suite, Apt. #, etc. SUITE B-3		
City & State DELRAY BEACH FL			City & State DELRAY BEACH, FL		
Zip 33484	Country FLORIDA	Zip 33484	Country FLORIDA	4. FEI Number 680563936	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. (HEP) 1500 MIAMI CENTER MIAMI, FL 33131			7. Name and Address of New Registered Agent LONNIE L. CURTIS 5130 LINTON BLVD SUITE B-3 DELRAY BEACH FL 33484		
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 7-15-2004			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR GERSHMAN, JONATHAN 2610 N.E. 48TH COURT LIGHTHOUSE POINT, FL 33064 ☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR LONNIE L. CURTIS 5130 LINTON BLVD. STE. B-3 DELRAY BEACH, FL 33484 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE: 		DATE: 7/15/2004 PRCS			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					