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	Mailing Address
2610 N.E. 48TH COURT LIGHTHOUSE POINT, FL 33064 US	2610 N.E. 48TH COURT LIGHTHOUSE POINT, FL 33064 US

2. Principal Place of Business	3. Mailing Address
5730 LINTON BLVD.	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 PALM BEACH	Zip 33484 Country PALM BEACH

07082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 68 0563936 ☐ Applied For ☐ Not Applicable

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

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

Name LONNIE L. CURTIS
Street Address (P.O. Box Number is Not Acceptable) 5130 LINTON BLVD
SUITE B-3
City DELRAY BEACH FL Zip Code 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 [signature] 7-15-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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 608, Florida Statutes.

SIGNATURE: [signature] 7/15/2004 PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #