2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State
01-27-2006 90072 023 ****50.00

DOCUMENT # L03000039503

1. Entity Name
D.D. OF PALM BAY, LLC

Principal Place of Business	Mailing Address
2550 SE WILLOUGHBY BLVD STUART, FL 34994	2550 SE WILLOUGHBY BLVD STUART, FL 34994

DO NOT WRITE IN THIS SPACE

01172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0708577
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR. ESQ
401 E. OSCEOLA STREET
STUART, FL 34994

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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
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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MATAKARTIS, MICHAEL
STREET ADDRESS	4900 NE SPINNKER PN PL
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGRM
NAME	LASKARIS, SPIRO
STREET ADDRESS	1501 SW DECKER AVE STE 125
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGRM
NAME	FOGAL, CHRISTOPHER
STREET ADDRESS	401 E OSCEOLA ST
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGRM
NAME	GOOGE, HOWARD
STREET ADDRESS	401 E OCEAOLA ST
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGRM
NAME	PRINCE, JOEL
STREET ADDRESS	917 CENTRAL PKWY
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1-24-06 772-219-0749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #