

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90070 024 ****50.00

DOCUMENT # L04000008430

1. Entity Name
D-SQUARED VENTURES, LLC



Principal Place of Business
**101 AUDUBON BLVD
NAPLES, FL 34110 US**

Mailing Address
**101 AUDUBON BLVD
NAPLES, FL 34110 US**

00041027



04262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business
9220 Bonita Beach Road

3. Mailing Address
9220 Bonita Beach Road

Suite, Apt. #, etc.
Suite 200-23

Suite, Apt. #, etc.
Suite 200-23

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34135

Country

Zip
34135

Country

4. FEI Number
27-0099605

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BRACCI, STEVEN J ESQ.
101 AUDUBON BLVD
NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name
Steven J. Bracci

Street Address (P.O. Box Number is Not Acceptable)
9220 Bonita Beach Road

Suite 200-23

City
Bonita Springs

FL

Zip Code
34135

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR

NAME
BRACCI, STEVEN J

STREET ADDRESS
101 AUDUBON BLVD

CITY - ST - ZIP
NAPLES, FL 34110

☐ Delete

10. ADDITIONS/CHANGES

TITLE
MGR

NAME
Bracci, Steven J.

STREET ADDRESS
9220 Bonita Beach Road Suite 200-23

CITY - ST - ZIP
Bonita Springs, FL 34135

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
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CITY - ST - ZIP
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☐ Delete

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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

4/29/06

239-872-4800