# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Feb 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000016685

1. Entity Name

DDC, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1696 OLD BARTOW ROAD<br>LAKE WALES FL 33859 | 1696 OLD BARTOW ROAD<br>LAKE WALES FL 33859 |

1st MOORE CR2E083 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 16-1692938 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

BAYNARD FULMER, VIVIAN DIANNA
1696 OLD BARTOW ROAD
LAKE WALES FL 33859

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2006**

100003414493
02/11/06 80041-001 50.00

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BAYNARD FULMER, VIVIAN DIANNA<br>1696 OLD BARTOW ROAD<br>LAKE WALES FL 33859 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>DANIEL BAYNARD, ASHLEY<br>1696 OLD BARTOW ROAD<br>LAKE WALES FL 33859 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BAYNARD GRESKOWITZ , SUSAN CHRISTIE<br>1696 OLD BARTOW ROAD<br>LAKE WALES FL 33859 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

VIVIAN DIANNA BAYNARD FULMER

**SIGNATURE:** Vivian Dianna Baynard Fulmer 1/25/06 863-676-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #