2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000016685

1. Entity Name
DDC, LLC

Principal Place of Business	Mailing Address
1696 OLD BARTOW ROAD LAKE WALES, FL 33859	1696 OLD BARTOW ROAD LAKE WALES, FL 33859

01082007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2007

000000585469
01/16/07-80013-019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BAYNARD FULMER, VIVIAN DIANNA
STREET ADDRESS	1696 OLD BARTOW ROAD
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	MGR
NAME	DANIEL BAYNARD, ASHLEY
STREET ADDRESS	1696 OLD BARTOW ROAD
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	MGR
NAME	BAYNARD GRESKOWITZ, SUSAN CHRISTIE
STREET ADDRESS	1696 OLD BARTOW ROAD
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Vivian Dianna Baynard Fulmer 1-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

VIVIAN DIANNA BAYNARD FULMER