

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 APR -4 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L04000029388</b> 1. Entity Name <b>D &amp; D LLC</b>					
Principal Place of Business <b>2645 W. TENNESSEE ST. TALLAHASSEE, FL 32305</b>			Mailing Address <b>PO BOX 872 TALLAHASSEE, FL 32302</b>		
2. Principal Place of Business <b>3424 ORLANDO DR</b> Suite, Apt. #, etc. <b># 1</b>		3. Mailing Address Suite, Apt. #, etc. 		03252005    Chg-LLC    CR2E083 (10/03)	
City & State <b>TALLAHASSEE, FL.</b>		City & State 		4. FEI Number <b>043792051</b>	
Zip <b>32311</b>		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DANIELS, LARRY D 2645 W. TENNESSEE ST. TALLAHASSEE, FL 32305</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3424 ORLANDO DR. # 1</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32311</b>	
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: <u><i>Larry D. Daniels</i></u> DATE: <u>4/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete <b>DANIELS, LARRY D PO BOX 872 TALLAHASSEE, FL 32302</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MANAGER (MGR) <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>600050041676 04/06/05--01064--019    **\$5.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Larry D. Daniels</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/5/05</u> Daytime Phone # _____		