

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000031964 1. Entity Name D11, LLC	
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Principal Place of Business 20020 VETERANS BOULEVARD SUITE 7-9 PORT CHARLOTTE, FL 33954	Mailing Address 20020 VETERANS BOULEVARD SUITE 7-9 PORT CHARLOTTE, FL 33954
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03232006 No Chg-LLC

CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0961658	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
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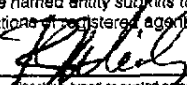
6. Name and Address of Current Registered Agent

WEILER, JEFF R
20020 VETERANS BOULEVARD
SUITE 7-9
PORT CHARLOTTE, FL 33954

**DO NOT WRITE
IN THIS SPACE**

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

3/23/06

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

000000483080
04/11/06-R0102-010 55.00

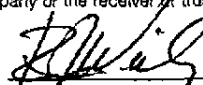
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEILER, JEFF R 108 GILL STREET PUNTA GORDA, FL 339503613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE:



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

3/23/06

Date

Daytime Phone #