2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90042 001 ****50.00
04-28-2005 90042 002 *****5.00
L04000032280

2005 JUL 13 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000032280

1. Entity Name
DD REAL ESTATE GROUP, LLC

Principal Place of Business	Mailing Address
1528 ABERMARLE COURT DUNEDIN, FL 34698	1528 ABERMARLE COURT DUNEDIN, FL 34698

2. Principal Place of Business		3. Mailing Address	
Albemarle Ct		1497 Main St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #303	
City & State		City & State Dunedin FL	
Zip	Country	Zip 34698	Country

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-3136395 | Applied For | Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOUTRAS, DENNIS 1528 ABERMARLE COURT DUNEDIN, FL 34698	Name / Street Address (P.O. Box Number is Not Acceptable) Albemarle Ct 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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER DENNIS C. KOUTRAS 1528 ABERMARLE COURT DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DIANE KOUTRAS 1528 ABERMARLE COURT DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Dennis Koutras APRIL 26 2005 dcc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #