

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059757

FILED
Jul 23, 2006
Secretary of State

Entity Name: D & D CONSTRUCTION LLC

Current Principal Place of Business:

14438 LOST LAKE ROAD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

14438 LOST LAKE ROAD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 74-3128230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NEWSOME, JAMES
14438 LOST LAKE ROAD
CLERMONT, FL 34711 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWSOME, JAMES
Address: 14438 LOST LAKE ROAD
City-St-Zip: CLERMONT, FL 34711 00

Title: MGR () Delete
Name: BARNES, MARTIN
Address: 14438 LOST LAKE ROAD
City-St-Zip: CLERMONT, FL 34711

Title: MGR () Delete
Name: MANNING, JOHN
Address: 14438 LOST LAKE ROAD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES NEWSOME

MGM

07/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date