2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Jun 17, 2005 8:00 am DOCUMENT # L04000062546 Secretary of State 1. Entity Name 06-17-2005 90160 005 ****55.00 DGDP HOLDINGS, LLC Principal Place of Business Mailing Address 2521 N.W. 16TH LANE 2521 N.W. 16TH LANE POMPANO BEACH FL 33064 US POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 16 Lano 1st MOORE CR2E083 (10/04) Applied For 4. FEI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agen Name and Address of New Pegistered Agent Nama MYLES, GEORGE Street Address 2521 N.W. 16TH LANE BAY B POMPANO BEACH FL 33064 City 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of register Signature, typed or p stered agent and title if applic (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE ☐ Change ■ Addition NAME FISHER, PATRICK NAME STREET ADDRESS 2521 N.W. 16TH LANE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change ☐ Addition NAME TAYLOR, DIANE NAME STREET ADDRESS 1226 S. MILITARY TRAIL, SUITE 2226 STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE Delete TITLÉ Change Addition NAMÉ LIPMAN, DAVID NAME STREET ADDRESS STREET ADDRESS 1226 S. MILITARY TRAIL, SUITE 2226 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MYLES, GEORGE NAME STREET ADDRESS 2521 NW 16TH LANE, BAY B STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-7IP CITY-ST-7IP TITLE Delete THIF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED