

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062751

Entity Name: DD INVESTMENTS, LLC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

5046 BISCAYNE BLVD
MIAMI, FL 33137 US

New Principal Place of Business:

35 NE 40TH STREET SUITE#301
PROPERTY MANAGMENT
MIAMI, FL 33137 US

Current Mailing Address:

5046 BISCAYNE BLVD
MIAMI, FL 33137 US

New Mailing Address:

35 NE 40TH STREET SUITE#301
PROPERTY MANAGEMENT
MIAMI, FL 33137 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREMOULET, FABIEN
5046 BISCAYNE BLVD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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: TREMOULET, FABIEN
Address: 5046 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Delete
Name: MORR, JEFF
Address: 5046 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Delete
Name: SAAD, BASSEM
Address: 5046 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137 US

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: FABIEN TREMOULET

MGR

04/28/2006

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