


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90211 003 ****50.00

DOCUMENT # L04000066322 1. Entity Name DPD, LLC					
Principal Place of Business 906 SPRING PARK LOOP CELEBRATION, FL 34747			Mailing Address 906 SPRING PARK LOOP CELEBRATION, FL 34747		
2. Principal Place of Business 540 Water Street <small>Suite, Apt. #, etc.</small>		3. Mailing Address 540 Water Street <small>Suite, Apt. #, etc.</small>			
City & State Celebration FL Zip 34747 Country USA		City & State Celebration FL Zip 34747 Country USA		4. FEI Number 43-2075861 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02152005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent CURTIS, KEVIN A 906 SPRING PARK LOOP CELEBRATION, FL 34747			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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	MGR CURTIS, KEVIN A 906 SPRING PARK LOOP CELEBRATION, FL 34747	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Kevin A. Curtis</i> Manager <small>SIGNATURE AND TYPED OR PRINTED NAME OF BORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____				Daytime Phone # _____	

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