To: From: Spiegel & Utrera

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90647 013 ****55.00

DOCUMENT # L04 000071409

1. Entity Name
D & D Housing, LLC

DO NOT WRITE IN THIS SPACE

20059640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~1051 NW 135 St~~	~~1051 NW 135 St~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Miami, Fl.~~	City & State: ~~Miami, Fl~~
Zip: ~~33168~~ Country: U.S.	Zip: ~~33168~~ Country: Dade

4. FEI Number: 223903742 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Dion Robin 1051 NW 135 St. Miami Fl 33168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Delbreanna O. Robin 1051 NW 135 St Miami, Fl. 33168
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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.

305 687 2713

SIGNATURE: _____ 4/26/05 (cell) 305-781-6153
SIGNATURE AND TYPED OR PRINTED NAME OF MGRMG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #