2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005133

Entity Name: D SQUARED, LLC

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4003 CORROLLWOOD VILLAGE DRIVE 4003 CARROLLWOOD VILLAGE DRIVE

TAMPA, FL 33618 TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

4003 CORROLLWOOD VILLAGE DRIVE 4003 CARROLLWOOD VILLAGE DRIVE

TAMPA, FL 33618 TAMPA, FL 33618

FEI Number: 43-2072499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REED, DENNIS L REED, DENNIS L MR

4003 ĆORROLLWOOD VILLAGE DRIVE 4003 CARROLLWOOD VILLAGE DRIVE

TAMPA, FL 33618 TAMPA, FL 33618 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: DENNIS L REED 04/18/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: () Change (X) Addition

REED, DENNIS L MR Name: Name:

Address: Address: 4003 CARROLLWOOD VILLAGE DRIVE

City-St-Zip: City-St-Zip: TAMPA, FL 33618 US

Title: Title: () Change (X) Addition () Delete

OBRIEN, DENISE M MS Name: Name: Address: Address:

4003 CARROLLWOOD VILLAGE DRIVE

City-St-Zip: City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: DENISE MOBRIEN 04/18/2006