

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013428

Entity Name: DDDM, LLC

FILED
Jun 19, 2006
Secretary of State

Current Principal Place of Business:

470 COMMERCIAL BLVD.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

470 COMMERCIAL BLVD.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-2336893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANZERA, DONALD
470 COMMERCIAL BLVD.
NAPLES, FL 34104 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: SANZERA, MICHAEL D MEMBER
Address: 470 COMMERCIAL BLVD
City-St-Zip: NAPLES, FL 34104

Title: MR () Change (X) Addition
Name: SANZERA, DANIEL J MEMBER
Address: 470 COMMERCIAL BLVD
City-St-Zip: NAPLES, FL 34104

Title: MRS () Change (X) Addition
Name: SANZERA, DENISE E MEMBER
Address: 470 COMMERCIAL BLVD
City-St-Zip: NAPLES, FL 34104

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: DONALD SANZERA

MR

06/19/2006

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