


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90439 006 ****50.00

DOCUMENT # L05000057548	
1. Entity Name DDC-1031, LLC	

Principal Place of Business 2806 U.S. HIGHWAY 90 WEST STE 101 LAKE CITY, FL 32055	Mailing Address 2806 U.S. HIGHWAY 90 WEST STE 101 LAKE CITY, FL 32055
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2. Principal Place of Business - No P.O. Box # 164 NW MADISON ST		3. Mailing Address PO Box 3659	
Suite, Apt. #, etc. SUITE 102		Suite, Apt. #, etc.	
City & State LAKE CITY FL		City & State LAKE CITY FL	
Zip 32055	Country USA	Zip 32056	Country USA



03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3807676	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 U.S. HIGHWAY 90 WEST STE 101 LAKE CITY, FL 32055	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 164 NW MADISON ST	
SUITE 102	
City LAKE CITY	FL Zip Code 32055

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAPPS, DANIEL 2806 W US 90 SUITE 101 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: Daniel Crapps Manager 3/28/07 386-755-5710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #