

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

06 MAR - 30 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000058310		
1. Entity Name D & D CHARLOTTE, LLC		

Principal Place of Business 42 BARKLEY CIRCLE # 3 FORT MYERS, FL 33907 US	Mailing Address 42 BARKLEY CIRCLE # 3 FORT MYERS, FL 33907 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042006 Chg-LLC CR2E083 (11/05)

4. FEJ Number 65-0700687		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
D'ANDREA, ROBERT L 42 BARKLEY CIRCLE #3 FORT MYERS, FL 33907		Name Street Address (P.O. Box Number's 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 _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	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	MGR D'ANDREA, ROBERT L 42 BARKLEY CIRCLE, #3 FORT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR DAVIS, RONALD 42 BARKLEY CIRCLE, #3 FORT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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: Robert D'Andrea Robert D'Andrea 4-3-06 239-277-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

M. Williams MAR 30 2006