

FILED
Apr 07, 2008 8:00 am
Secretary of State

02-27-2008 90076 020 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000082621		
1. Entity Name D & D CAJUN VENTURES, LLC		
Principal Place of Business 2180 WEST FIRST STREET SUITE 212 FORT MYERS, FL 33901		Mailing Address 2180 WEST FIRST STREET SUITE 212 FORT MYERS, FL 33901
2. Principal Place of Business - No P.O. Box # 1639 Cape Coral Pkwy East Suite 208 Cape Coral, FL 33904		3. Mailing Address 1639 Cape Coral Pkwy East Suite 208 Cape Coral, FL 33904
4. FEI Number 20-3483838		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ADAMS, DANIEL 2180 WEST FIRST STREET SUITE 212 FORT MYERS, FL 33901		
7. Name and Address of New Registered Agent Donald B. Fisher 1639 Cape Coral Pkwy East Suite 208 Cape Coral, FL 33904		
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 <i>Donald B. Fisher</i>		DATE 2-25-08
FILE FEE: \$120.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M FISHER, DONALD 2180 WEST FIRST STREET, SUITE 212 FORT MYERS, FL 33901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M ADAMS, DANIEL 2180 WEST FIRST STREET, SUITE 212 FORT MYERS, FL 33901	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/MGR/M Donald B. Fisher 1639 Cape Coral Pkwy East, Suite 208 Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Adams, Daniel 2180 West First Street, Apt 2204 Fort Myers, FL 33901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 110, 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 808, Florida Statutes.		
SIGNATURE: <i>Donald B. Fisher</i>		DATE 2-25-08 239 945-2858

Donald B. Fisher 04.03.2008