


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000120477</b> 1. Entity Name <b>N650DD LLC</b>	
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Principal Place of Business <b>15051 PUNTA RASSA ROAD FORT MYERS, FL 33908</b>	Mailing Address <b>15051 PUNTA RASSA ROAD FORT MYERS, FL 33908</b>
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**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-3962484</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>KNIGHT, STEEVEN 15051 PUNTA RASSA ROAD FORT MYERS, FL 33908</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE: _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KNIGHT, STEEVEN C 15051 PUNTA RASSA ROAD FORT MYERS, FL 33908</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EAGLE, GREG 3818 DEL PRADO BLVD. - CAPE CORAL, FL 33904</b>
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04/17/07-80018-006 50.00

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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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