2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90378 040 ****50.00

DOCUMENT # L06000001045

1. Entity Name
D&D DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
300 BELLEAIR DRIVE NE ST. PETERSBURG FL 33704 US	% DOUG DRYEFUS 500 THREE ISLANDS BLVD, APT 626 HALLANDALE FL 33009

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
500 Three Islands Blvd, ~~Apt 626~~	
Suite, Apt. #, etc.: ~~Hallandale, FL~~ Apt. #626	Suite, Apt. #, etc.
City & State: Hallandale, FL	City & State
Zip: 33009 Country: USA	Zip Country

4. FEI Number: 84-1698763 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MACPHEE, DAVID W P
300 BELLEAIR DRIVE NE
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name: Doug Dreyfus
Street Address (P.O. Box Number is Not Acceptable): 500 Three Islands Blvd. # 626
City: Hallandale FL Zip Code: 33009

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 [signature] Doug Dreyfus Vice-President DATE 4/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DREYFUS, ROBERT D VP 500 THREE ISLANDS BLVD., UNIT # 626 HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACPHEE, DAVID W 300 BELLEAIR DRIVE NE ST. PETERSBURG FL 33704	☐ 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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 4/20/07 954-457-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #