

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039581

Entity Name: DED INVESTMENTS, LLC

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
711
CORAL GABLES, FL 33134

New Principal Place of Business:

241 SEVILLA AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

PO BOX 14-0848
CORAL GABLES, FL 331140848 US

New Mailing Address:

FEI Number: 20-4701014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, JEFFREY S
201 ALHAMBRA CIRCLE
711
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

BAILEY, JEFFREY S
241 SEVILLA AVENUE
MIAMI, FL 33134 US

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.

SIGNATURE: JEFFREY S BAILEY

03/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAILEY & ASSOCIATES,, A LAW FIRM, P . A.
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete
Name: ASTUDILLO, MARY L
Address: 3611 SW 20TH STREET
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAILEY & ASSOCIATES,, A LAW FIRM, P . A.
Address: 241 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY S BAILEY

MGRM

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date